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Practice of Medicine.

THE ETIOLOGY, PATHOLOGY AND SYMPTOMATOLOGY OF TYPHOID FEVER.

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I have been appointed to speak this evening on the etiology, pathology and symptomatology of typhoid fever. I recognize fully the unfitness of the appointment. Never was it so true in medical matters as it is now that only the specialist and the expert are entitled to a hearing. We all have the right to be scholars, it is true, but only the specially equipped few can be masters, and it is pretty certain that this is as true in other affairs as it is in medicine. The world of learning is sometimes called "The Republic of Letters"; on the contrary it is, and always has been, a minutely organized and powerful aristocracy, from which the profanum vulgus—the profane crowd—is rigorously excluded. The mob can no more enter that world than I can enter Thomas' orchestra.

And in this matter of typhoid fever I have had the usual experience of the family physician—neither less nor more. I can not possibly contribute anything of value on the points assigned me; the most I can do is to ask a few pertinent questions, to state difficulties, to raise doubts.

I might say here that I have just read the reports of the four greatest anesthesia experts in the world—Drs. Gaskell and Shore of England, and Drs. Hare and Thornton in America. In this final report these men reverse the long-cherished opinion of the medical world, by affirming that chloroform is no more dangerous than ether, and, in country and army practice, much to be preferred. Only four years ago Dr. Hare had, in company with Prof. H. C. Wood, of Philadelphia, announced to the medical world a precisely contrary conclusion. Hardly a day passes that the student of science does not meet with just such contradictions emanating from the brains of skilled workers. If, then, this is a world wherein the expert scarcely is saved, where shall the inexpert and unskilled appear?

Now what do we know of the cause or causes of typhoid fever? We may say that there have been several prominent opinions entertained on this point and emphasized by the profession, no one of these opinions necessarily absolutely excluding the others. First there was the idea that it was a specific pathological condition, caused by anything in one's circumstances, as overwork, poor food, exposure, bad habits, bad air; the latter, under the name of "malaria," was long supposed to be the cause of typhoid fever. Then it was held that imperfect sewage, and especially the drinking of water which had been contaminated, was the real cause of the fever; in this case, as in that of malarial influence, the disease is ascribed to a specific poison of uncertain origin.

In one most remarkable epidemic, occurring in a small English town, the disease was traced positively to the milk obtained from a farm several miles distant. The villagers who bought this milk had among them an epidemic of typhoid fever, while those who bought their milk from another dealer were not affected. Inquiry proved that a man had been ill with typhoid fever on this dairy farm six months before the epidemic appeared; that the dejecta had been thrown into a vault on the premises; that the vault was distant only thirty feet from a small stream, with banks of gravel; that cows drank of this stream; that the milk from these cows was taken by the villagers in their scalding tea, and that those villagers consequently had typhoid fever. One hardly knows which fact is the most astonishing, the extraordinary perseverance which traced this typhoid process to its source or the high dilution of the poison, which proved sufficient, even after boiling, to cause the disease. Manifestly, however, if this well-proved account be correct, the poison was not a living poison, such as a microbe, but a ptomaine, or similar product.

Both physicians and the laity have long had, and still have, a strange tendency to lay the disease to the charge of decomposing animal and vegetable matter, and hence to see it lurking in unclean garbage boxes, foul sewers, decaying fruit, and so on; but anyone who has seen much of typhoid fever will not endorse this illusion. It attacks all conditions of life alike; the rich, the scrupulously clean, the well-fed and the strong are no more exempt than others. Of course, I admit that it is much more pleasant to have clean surroundings and cleanly neighbors or associations, but such people are by no means the healthiest in any community; on the contrary, they are the ones who suffer most from sickness. It requires a strong constitution to endure the refinements of civilization.

The result of all inquiry up to a certain period, was to establish the fact, apparently, that typhoid fever was a zymosis, or fermenting blood poison, of a specific character, conveyed to the organism from

without and this chiefly by means of water and milk. But, unfortunately, this theory was borne out only by the fact of European experience; it by no means accords with the history of the same disease as it occurs in Eastern nations. However, it comes, or came, as near to being as satisfactory a theory as any other; especially is this so when coupled with the other theory that the poison always arises from a pre-existent case of the disease and not spontaneously, or de novo. But such dependent origin has not been proven by any means; the cases are very numerous, indeed, where no such connection can be traced or imagined.

Thus far, then, there has been agreement that the cause of typhoid fever is a poison.

Klebs was the first to discover a special bacillus, which he called the typhoid bacillus, and all preceding theories of etiology were, of course, either overthrown or greatly modified by this discovery. Right here we must all bow at once to the facts discovered by the expert; where he speaks we must listen in silence. If he has really discovered a minute vegetable organism, which propagates rapidly, as such organisms do, and which has for its habitat certain districts of the human body—the blood, the lymph, the intestinal glands—and which is always present in these locations in typhoid fever, and at no other time, we must submit that he has already raised a strong suspicion that this may be the cause of typhoid fever. But when we add to this the fact that the expert can isolate this microbe, can make it reproduce enormously in broths and other culture fluids, and can then, by injecting this fluid into the veins, produce typhoid fever, the proof becomes formidable. There seems no escape from the conclusion that this particular microbe is the cause of typhoid fever. I believe that this particular microbe is not in the best of standing just now; but here is where I hope some fresh student of the point in question will enlighten us when I have finished my paper.

I assume, simply, that such must be the proof, to be complete, of the causal relation between typhoid fever and the bacillus; nothing else would do. But, granting that all this evidence has been furnished, is the evidence complete? I think it is far from being so.

First. The theory implies that the typhoid bacillus can only originate in a case of typhoid fever, and the fever can originate only in the bacillus. This is a logical deadlock, and leaves the whole question as to the origin of typhoid fever absolutely untouched.

Second. It is admitted that the two factors, a human organism and a typhoid bacillus, are not in themselves sufficient to produce typhoid fever; a third something is necessary—the patient must be in a peculiar physical, mental or other condition. This is true of all contagious diseases—or nearly all. It is evident now that we can not credit, on the microbe theory, any one of these three elements with being a primary cause of typhoid fever; the best we can say is that, in a given case of this disease, these three factors must all be present. And if these factors are the cause, we must say that a combination of (1) the human organism, (2) a specific condition of that organism and (3) the presence of the specific bacillus is the cause of typhoid fever.

Third. Since the essential factor here is that very condition, for the other two factors can exist perfectly apart from that condition and the condition apart from them, would it not be more logical to assume that the condition in question is the real cause of typhoid fever? For my own part I believe this to be the truth, and offer the following evidence: In the first place the negative evidence points clearly to typhoid fever, under the microbe theory, as an utterly irrational process. Being the result of an insidious, accidental invasion of the organism by a parasite, it is no more rational than the destruction of the man by any wild beast. But there is one thing which boldly, broadly and plainly characterizes this and all other eruptive diseases, that they are evolved in the interest of the organism, and seek its development, deliverance or protection, and not its destruction. This is especially true, I say, of the eruptive diseases; scarlet fever, measles and smallpox are all in point.

Scarlet fever is an eruptive disease, the cause of which is the physiological necessity of a new skin and a new mucous lining, these being as necessary for the development of the body as the second set of teeth. The old teeth decay—the new ones take their place. This means not a disease, this decay, but a nutritive development and change in the entire organism, and yet decaying teeth are said to be caused by microbes. One part of the organism does not participate in this change and that is the respiratory mucous membrane; for the development of breathing powers another process is necessary; that process is measles. The children who escape these diseases are the victims of neuroses and live only half their days. So we see that when a disease has thus a foundation it is no longer an irrational quantity like a broken leg, or a poisoning by arsenic. It is followed as these latter never can be, by renewed health, strength and normal development.

Consider, again, the eczema of infants; note that while that disease lasts that child will have no disease of any internal organ. Every mother will tell her physician, "Doctor, my child is perfectly well in digestion, nutrition, respiration, etc.—is all well but this nasty eruption." To the mother the eruption is irrational, is just as a wild beast devouring her child; but let some well-meaning but ill-informed person try the experiment of drying up that eruption by mercurial or other external applications and the rationality of the disease will at once be proven by the dangerous illness, if not death, of the patient. Here the disease is not development in the direct sense of that term, but is so in reality, for it is the elimination from the organism, through the skin, of elements which would destroy the health or life if not eliminated. Note also the high fever, the nausea, the delirium, the convulsions that are sure to be present, if the eruption fail in its proper and timely evolution; the eruption appears, and lo! the inner organism is serene—its storm subsides in an hour. Outwardly there is strife and suffering, but the life of the organism has been saved.

There is a rational explanation and a rational cause for the disease. To enumerate the prime factors of the disease, to detail all the symptoms, one by one, to add these all up and call the sum a disease, is merely to perform a sum in addition; the addition of a certain number of facts, each one dark and utterly destitute of meaning, makes the sum the darkest thing of all. But if we arrange

and relate all these facts in one process, which shall be a good and reasonable process, because it aims at a good and reasonable end, we give a rational account of the disease, both in its cause and in its effect—in its beginning, its middle and its ending, in every movement of the entire process.

If we do not, or can not, know this rationale, we can never know the cause, the genuine, prime cause, of any disease.

What, then, is the cause of typhoid fever? We will admit the facts, microbes and all—we bow to every decision of science in its proper domain—but we affirm that all of these elements are related, follow, come and go as parts of one rational process with a definite end to reach. That end is the maintenance and improvement of the strength and longevity of the whole body and mind, the development of the patient's life. So, the indications are that typhoid fever is a renewal of the digestive organism that it may produce better blood for the nutrition of the whole body; the old system of digestion and its organs have become debilitated, worn out. A crisis has been reached—it is disease, death or renewal. Hence it is the very uniform result that typhoid fever, even in its most severe forms, renews the youth of the patient; a man who has been sickly for years will be robust for years after a course of typhoid fever. How can we make this fact square with the theory that the cause of the disease is a parasite? Real disease is just as rational as health, both in its causes and in its effects. Accidental diseases, like the bite of a rabid animal, are not rational in the same way, they never do good to the individual organism, but only harm.

The cause of typhoid fever, then, is a necessity for the renewal of gastro-enteric digestion and its organs, hence the name "gastro-enteric fever." The theory that we endorse is not unimportant; it colors and directs our treatment. I regard that man as dangerous who treats typhoid fever on any other than the rational theory.

The man who sees only malaria in typhoid fever and fills his patient with *Quinine;* he who sees in it only a blockade of the primae viae, and doses with *Calomel;* he who sees only the high temperature and knocks it down with an antipyretic club, or drowns it out with ice water; and, finally, he who sees in it only a nest of voracious microbes or their excretions and plies the microbicides industriously; these, and many others, are all alike dangerous to the patient. Their methods are irrational, for their theory is so; they only make war upon certain partial movements of a beneficent process and interrupt that process and either lose the patient, or bring him through with the process only partly fulfilled and invalided for life.

Many modes of treatment have been tried and abandoned in turn, having been proven useless or injurious by experience; that is because they were irrational and based upon the irrational. But there is one theory that will not be so abandoned; it will be found true to every fact, every step in the process of the fever, and will triumph most completely by its smallest mortality rate. That theory modifies the treatment to this great extent, that it never proposes to cut short or to change the process; it will go *with* the process and not against it. It will guide gently in the foreordained way to the beneficent end; it will watch, and ward off complications—that we *can* do—and in them lies nearly all the danger. Above all, it will no more propose either to cure or to abort typhoid fever or to prevent it than it will to cure or abort the second dentition.

HYGIENIC AND SANITARY TREATMENT OF TYPHOID FEVER.

DIGEST OF A PAPER BY J. E. GILMAN, M. D., Chicago.

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Modern sanitation renders an epidemic of typhoid fever a crime, for modern sanitarians consider that where typhoid fever spreads in a community it is due to the ignorance, carelessness or incompetence of the elected authorities. It was formerly considered a filthy disease, but is not necessarily so; it may come in apparently healthy communities, where the water and ice seem above reproach. Decomposition, filth, sewer-gas are not the cause of typhoid, simply the hot-beds for its generation. The typhoid bacillus has a period of germination and of incubation, then is conveyed into the human organism, where it does its work, being then taken to the outer world in the stools of the patient. The stools are not particularly dangerous immediately after passing. This typhoid poison may be conveyed into the system either by way of the alimentary tract, by contaminated water, milk, or other foods, or through the respiratory tract, from breathing sewer-gas in which the poison is concentrated. Though no age, climate or season is free from the disease, it is most common and severe between fifteen and thirty years, in the Temperate Zone, and in the fall of the year.

Liebermeister explains that the rise and fall of the ground water has much to do both with the germination and dissemination of the typhoid poison.

Stifle the poison at the start; disinfect all excreta of typhoid patients immediately after it is passed.

The dangers of typhoid are largely from exhaustion, diarrhea, high temperature, and hemorrhage; the diarrhea is largely due to the special irritation of Peyer's patches, and the high temperature helps it along. Considering that this high temperature bears in its train danger of hemorrhage, exhaustion, heart failure, and increase of the diarrhea, it is something to be discouraged, and one of the best agents for that purpose is cold water. It may be applied to the abdomen by wringing out cloths, which may be renewed as often as every ten or fifteen minutes for several consecutive days, in severe cases. Oil as an application softens the skin, allays nerve irritation, lessens the dangers of bed-sores, and proves a very satisfactory adjunct.

As to food, in the early stages it should be water; a little later on it may be diluted milk. Where the patient can not take milk, you are restricted to the weakest sort of broths, etc.

Stimulants, when used at all, should be kept for the latter part of the disease; use only in emergencies.

Rapou's barometer: Every morning let there be put in a glass some of the urine passed by the patient during the night before, so it shall be cold by the time the doctor arrives. If it be clear, the patient gets nothing to eat; if there forms a slight cloud, which floats near the top, feed carefully and

sparingly; but if the cloud be more dense, and floats near the bottom, you may feed more generously.

As a proof of the good results from reforming sanitary defects take the case of the City of Munich, which reduced its enteric-fever mortality rate from 24.2 per million of inhabitants in 1854–1859, when there were no sanitary provisions, down to 8.7 per million from 1876–1880, after the completion of a sewer system.

In Chicago, some time in the future, when we can prevent the people from turning the contents of the privies into the drinking-water supply we shall see nothing of typhoid but sporadic cases.

TYPHOID FEVER—ITS MEDICAL TREATMENT.

By A. F. HARRIS, M. D., Englewood, Ill.

The list of remedies called for in an uncomplicated, average case of typhoid fever is not long, and often begins with *Gelsemium*, during the stage of invasion. Prominent symptoms are: Aching all over, frequent chilliness, dull headache extending to the shoulders, prostration, bruised feeling in the muscles, sweats freely without relief.

Baptisia follows well; dusky, flushed face; muscular soreness, sensitive in region of the liver, nervous trembling.

Bryonia comes later and covers a longer period. Dull headache, stiffness of the cervical muscles, aching in the back and limbs, dry, furred tongue, bronchial irritation, thirst for large quantities of water, and all pains worse from motion.

Arsenicum is often called for in the second week, after the diarrhea has set in; great restlessness and prostration; burning, watery discharges; chilliness between the shoulders.

These four remedies, combined with good nursing and proper dietary measures, will often bring the patient through. The side issues and complications may call for almost any remedy. The nervous disturbance, such as sleeplessness, delirium, tossing, picking at the bed-clothes, may call for *Belladonna*, if there be throbbing headache and patient is sleepy but can not sleep. *Stramonium*, *Coffea, Opium* and *Lachesis* are also suggested here. *Veratrum* has tympanitis, pain, cold sweat, burning in the stomach and bowels, profuse vomiting and rice-water discharges.

Rhus tox—Triangular red tip of the tongue; heaviness of the stomach, as if from a stone; ochre-colored stools; dry cough; all symptoms worse before midnight.

Mercurius—Moist, heavily-coated tongue, with much saliva; stools bloody and mucous; tenesmus and "can't get done" sensation.

Podophyllum—Pains worse mornings, better from warmth, copious discharges and tendency to prolapsus recti.

Sulphur—Diarrhea worse at night, sour smelling, driving the patient out of bed early in the morning, if he is able to get out; suffocative attacks; even sweat smells sour.

Hemorrhage calls for *Hamamelis*, *China*, *Ergot* or *Nitric Acid*.

Splenic enlargement, *China, Ruta* and *Stannum*. If there be lung complications, think of *Phosphorus* if there be dry, tickling cough, hemorrhage from nose, uterus or bowels, dryness of nose and mouth, with a desire for cold things. For threatened heart failure, think of *Cactus, Amyl Nitrite* and *Glonoine*. Slow convalescence may call for *Sulphur*, *China* or *Nux Vomica*.

TYPHOID FEVER—DISCUSSION.

Dr. L. C. Grosvenor:—"We had an admirable paper from Dr. Foster. The idea that a person will be exempt from sickness of all kind for seven years after recovering from typhoid is on the line of his argument. I can not accept all the theories advanced by him, however interesting they may be. Dr. Gilman has taken a line of thought more common among the investigators of the world, and suggests two or three instances in my own practice. In Lake View I had, at one time, seven cases of typhoid. While my practice was only one-fourth in that suburb, the balance in Chicago, all my typhoid cases were in Lake View. Investigating matters, I found that the sewers of Lake View were going out into the lake, contaminating the supply of water which was taken near the shore, and that was the explanation of the whole matter. Every individual throws off three pounds of excrementitious matter per diem, making over three million of pounds thrown off daily by the inhabitants of Chicago, to say nothing of the excreta of the lower animals; this is emptied into river and lake, we drink more or less of it and then wonder that we have typhoid fever. The time is coming when it will be regarded as a crime to pollute any source of drinking-water; the demands of sanitary science, as taught in the colleges and set forth in the newspapers, will so educate the people that such an act will be regarded as a crime."

Dr. A. K. Crawford:—"We have not heard said to-night all that might be said about typhoid fever, by a large majority. As to the first paper, it made me think of a remark of an old friend of mine, that 'Books were alike, because all were made after the same plan.' The first paper was not made up on the plan of a book, and was an exception on that account. I am glad that the theories advanced by Dr. Foster are not accepted by the profession, for a greater jumbling of pathology and etiology has not been brought before a medical body for many a day. To say that typhoid fever resembles the second dentition is to utter an absurdity; every one here has gone through the second dentition, but not one out of ten of us have had a touch of typhoid fever, but are here to-night, in good health, without having gone through any desquamation of the alimentary tract; some of us will be pretty old before we go through it. That typhoid is a disease *per se* none of us doubt for a moment. This is a matter of opinion, and it is the opinion that I take exception to. We believe that it is connected closely with a bacillus; how much it may have to do with the disease, we may have our doubts; that it is present in all cases we hardly dare question; that it is modified under different circumstances we all know. Experiments show that the germs will lose their vitality if placed in pure water and exposed to the direct rays of the sun, so they would probably die if left in the lake long enough.

"As to the remedies presented, they are the ordinary ones looked for in typhoid fever. It occurs to me that no one has told us what to do with a case of typhoid from its inception to its termination. Why? Remedies are a very small part of typhoid;

there is so much more to do, beside choosing remedies. One of my Hyde Park friends told a patient suffering from typhoid that he could eat anything he pleased; now, we know that in the process of typhoid fever the degeneration of the solitary and Peyer's glands goes on to ulceration, destruction and perforation, and that the less of irritating substance allowed there the better chance the patient has to get along without dire results. I have had some of my medical students stricken with typhoid while living here at a boarding-house, and who desired to remain in Chicago because they thought they would get better medical attention here than at home. I ask them: 'Where will you get the better nursing—here, or at home?' The answer is: 'At home.' And I say to him: 'Then go home;' and he will do so, and return in a few weeks, perfectly restored. I ignore remedies as compared with good nursing."

Dr. W. J. Hawkes:—"The last speaker has stolen some of my thunder with respect to the paper of Dr. Foster, whose theories as to the cause of typhoid are certainly novel. When we compare our management of these cases with the methods adopted by those who depend for their line of treatment upon their knowledge of the cause, we find that whereas we may disagree upon the question we unite upon the question of treatment, while they disagree on both points. I was gratified by the literary excellence of Dr. Foster's paper but surprised by its theories. It is absurd to compare as well-recognized a disease as typhoid with the natural process of dentition, or to confound the natural disappearance of the first teeth with caries of the second teeth. One is a natural process; the other a disease. Typhoid fever is never a blessing. I may not have understood him aright, but if he meant that the fever and diarrhea of typhoid are a necessary result of nature's getting rid of a morbid process he is right; if he meant that typhoid fever is a blessing, and nature's process for rejuvenating the intestinal tract, I think he is mistaken. I was glad to hear Dr. Gilman speak of the diet; nine-tenths of typhoid-fever patients are overfed. Water, sterilized by boiling, is the best food, and should be about the only food for the first ten days or more. In regard to remedies, the best remedy and the best symptom were not sufficiently emphasized. *Baptisia* has been most often called for in my experience, and the best symptom of all, the most characteristic, is that sensation of being 'scattered about the bed.' It may sound silly to a pathologist, but it is a valuable symptom. I had one case where the sensation was as if the head were a foot and a half from the body, and she would push up toward the head of the bed, to get up to her head."

Dr. L. D. Rogers:—"One point in the paper of Dr. Gilman was the best one made to-night, and that was the application to the abdomen; it is one of the best measures for reducing the temperature. The use of cold compresses is entirely practicable; I use the heaviest bath towels wrung out in cold water. Then, as to feeding: during the first week, and even in the second week, give nothing but water, nothing but water, until the temperature is 101½ or 101. This relieves the diarrhea, and, no matter how bad it is in the beginning, the bowels are constipated at the end of the attack. I had a case last winter, which, at the outset, promised to be the severest case I ever saw; morning temperature, 105; thirteen days on water, and a surprising recovery. The temperature makes one steady decline, and, about the seventh or eighth day, hovers around 100."

Dr. T. C. Duncan:—"Years ago the nervous phases of this disease were deemed the most prominent ones. It was then called a nervous fever; now it is called a putrid fever, and we have enjoyed one very excellent paper holding that it is a natural process. I think that the nervous element has not received the attention that it deserves. We will have an epidemic of typhoid fever and then will go for several years before we have another; what are all the germs doing the meanwhile? The case mentioned by Dr. Rogers brings out the nervous element of the disease. My experience last winter was that *Baptisia*, a putrid remedy, was not as efficient as it had been in other epidemics; that *Arsenicum* and *Bryonia*, two nervous remedies, were the chief ones indicated. I hardly agree with the first essayist, Dr. Foster, in his belief that diseases of this kind should be allowed to run. I have looked upon typhoid fever as an invasion of the system—as a disease that I should get rid of as rapidly as possible. When I can run it out in the second week I am satisfied, and the patient is satisfied. He prefers two weeks of sickness to six weeks. Then, too, those who recover early rejuvenate quicker than those whose cases run longer."

Dr. H. P. Skiles:—"I did not think that I knew much about typhoid fever, but Dr. Duncan made a statement with which I can not agree, and that is that a case of typhoid fever can be closed up in two weeks. I have never seen one recover in that time, and if a case did so recover I should think I had made a mistake in the diagnosis. As far as I can tell twenty-one days is the least time in which a typhoid case may recover. In several cases, where the patient could not or would not take milk, I have used raw oysters, cutting away the hard parts, with very good result."

Dr. T. S. Hoyne:—"I was very much pleased with the paper read by Dr. Foster, because it presented many original ideas; if we can not agree with them, we can at least think them over. Dr. Duncan is right as to the epidemics; about every four or five years we have such an epidemic, no matter what the condition of the water supply. When they turned up the soil for the building of the town of Pullman, away out there in the swamp where nobody lived, they had a great deal of typhoid fever; how long the supposed germs had been under ground I can not say. I think that the practice of applying cold compresses to the abdomen should not be allowed to pass without objection, and believe that if you want to kill the patient you will succeed very well by adopting that treatment. Cold sponging of the face, hands and extremities may do very well, but putting cold compresses on the abdomen is just what the Allopaths do, and they always do exactly the wrong thing. If you will find out their procedure, then do the opposite and you will be pretty nearly right. Nothing has been said about bed-sores. Dr. Hutchins had a bad case last year, which showed a bed-sore so large you could almost hide your fist in it. *Arsenicum* cured it finally, but the patient hovered between life and death for days. Shift the patient and don't let him lie upon his back all of the time; turn him upon one side, then upon the other, and thus avoid bed-sores in many cases. The

involuntary passage of feces and urine is one of the exciting causes of bed-sores. During the epidemic of two years ago, when it was said that the impurities in the lake water were to blame, I saw three cases of typhoid fever, and not one of the patients had touched lake water for years, having drank spring water instead. The nicest food for a typhoid patient, from start to finish of the disease, is rice water, and they will live on it for six months, if necessary. Patients in the second week are listless, never asking for anything to eat, but when it is offered it is gratefully received. Dr. Skiles does not agree with Flint and other authorities. Flint says that the patients show signs of improvement on the fourteenth, twenty-first, or the twenty-eighth day; on the fourteenth is unusual, but we generally get them on the twenty-first day."

Dr. H. C. Allen:—"I want to thank Dr. Foster for his paper. While I do not agree with all he says, he has written it well, and has given us something to think about. The Allopaths think our method of procedure is pure nonsense, probably because they have not investigated it; it may be that when we investigate the statements of Dr. Foster, they may not appear so nonsensical. Every one who can give us an idea not found in the books is deserving of the thanks of the Society. As to feeding, I agree with what was said by Dr. Gilman; don't feed them too much. I feed them on hot water for the first, second and even the third week, or, at most, add a teaspoonful of sweet cream. Dr. Hoyne's suggestion comes in very nicely during the third and fourth week; we make our greatest mistake in over-feeding. Rarely give beef-tea or extracts; one of the great dangers is from abdominal hemorrhage, and feeding hastens what we are laboring to prevent. I am not certain but that Dr. Rogers may be right in some instances; I used to apply cold cloths more frequently than I now do. Wring the cloth out as dry as possible, place on the abdomen, cover it up and allow to remain until it is warm. Raue, Hering et al. say that it may prove a preventive of hemorrhage."

Dr. A. W. Woodward:—"There was one point made by Dr. Foster which was very pregnant. He spoke of the three elements of typhoid. One was the bacillus, another was the patient, and the third was that condition of the patient's health which would permit that bacillus to find lodgment and develop typhoid. This point should be dwelt upon and thought upon as being suggestive to the homeopath. Assuming that the bacillus itself is the chief and only cause of this disease, it follows that, there being a common bacillus, there must be a common disease, exhibiting in every case the same symptoms, complications and following the same course. If, then, it is admitted, and I think every practitioner will admit that there are no two cases alike in all points, I think that it is at the same time admitted that the personal individuality determines the disease. Some cases may not exhibit abdominal symptoms, yet be very severe and even fatal; the predominating symptoms may be cerebral, spinal, cardiac or respiratory and we must adapt our remedies accordingly. We can not assume a common cause, or a single line of treatment."

Dr. J. J. Thompson:—"At different times I have had occasion to drive through a certain district in the northern portion of the city and noticed the most horrible odor that I ever smelled emanating from some clay holes where the scavengers were in the habit of dumping their refuse. Last winter I drove by there and found that several ice companies were gathering ice from those same clay holes. Last summer, during the strike, I learned that scarcely a pound of ice was being brought into the city, and that much of the ice which was being peddled out was from these scavenger clay holes. Almost every man I met had a half a degree or more of fever, so I argue that we shall have a run of typhoid this fall. It may be that most of us will agree with Dr. Foster to the extent that typhoid fever is a good thing for the 'other fellow,' but we don't want to be rejuvenated in that manner, and if we escape it we will have to form another 'Civic Federation.'"

Dr. Emmet L. Smith:—"My typhoid-fever experience was gained chiefly in the Cook County Hospital, where I had an excellent opportunity to observe the comparative results of the three schools of medicine in the treatment of this disease, and where Homeopathic treatment and good nursing have proven the most beneficial. The typhoid patient, on entering the hospital, was given a rectal injection, which, in most cases, was badly needed, to be followed by injections every other day in case the bowels did not move unaided. Whenever the temperature showed above 102½ we applied the ice coil to the abdomen; in case of cerebral symptoms the ice coil was applied to the head. The results were markedly beneficial, but it is often a good plan to remove the ice coil after midnight, or later in the morning. As to hemorrhage, *Nitric Acid*, *3x*, has given me the best results, in conjunction with an elevation of the foot of the bed, with cold applications to the abdomen. I never saw a case of typhoid there which did not present the characteristic eruption; if it did not show when the patient entered the hospital a light sponging would bring it out. As a rule the temperature would drop three or four degrees after a hemorrhage, and would not again rise to the old mark. Stimulants used were of a light order and were reserved for the later stages. We always put them on a milk diet, and even after recovery they were kept on a very light diet until the temperature had been down to normal for ten days. In September, '90, I had thirty-one cases in male and female wards and lost only one case during the month. I am very well pleased with the results obtained under Homeopathic treatment with good nursing."

Dr. C. T. Hood:—"It has been my misfortune to come in contact with quite a number of typhoid cases and during the past summer I went through quite a severe personal siege of the disease. When I came here I was of the opinion that I knew something about the disease, but since listening to the papers and the discussion I have come to the conclusion that almost any case will get well under good nursing, independent of the remedies. I believe that the bacillus of typhoid is the cause, but that there must be some peculiar condition of the system which allows the bacillus to get in its work. As regards diet, it is all very well to speak of putting a patient on a strictly water diet for two or three weeks, but I can tell you that the patient does not enjoy it very much. It may seem criminal to feed, but to the patient it seems criminal not to feed. Many can not take milk well, or will not take it, but sterilized milk will sometimes prove palatable when raw milk is refused; or try salting it. I can not take milk in any form, and lived twenty-eight days on chicken broth; unfermented grape juice or

Matzoon may be of service. I formed the idea a number of years ago that the fever, increase of heart action and cerebral disturbance resulted from the absorption of products formed in the intestinal tract and have made some experiments which have been very satisfactory. Myrrh, as an antiseptic, I began using in too large quantities and did not realize as good results as I had expected. I then tried it pulverized in two to five grain capsules, given four or five hours apart. In one case where there was a good deal of abdominal distension, much gas in the abdomen, profuse and offensive diarrhea, after Myrrh for twenty-four hours the discharges lessened, the abdominal bloating went down and discharges gave the odor of Myrrh. Stopping the Myrrh caused a return of the bad odor. In another class of cases, with abdominal bloating ,little diarrhea, but passage of much offensive gas, subcarbonate of ammonia gave good results. I have never used these to the exclusion of the indicated remedy. Colon flushing I have used very satisfactorily."

Dr. J. C. Bennett:—"Dr. Duncan will almost restrict his typhoid cases to fourteen days or more; Dr. Skiles to twenty-one days or more; Dr. Smith refuses to recognize it unless it shows the characteristic eruption; Dr. Thompson seems to think it a passing condition; Dr. Woodward believes that it is not a definite condition. Now, when can we say: 'This is typhoid, and that is not?' If there be no regularity, there is at least an attempt on the part of nature to correct a wrong condition and don't we try to help her, whether the disease runs fourteen, twenty-one, or twenty-eight days, eruption or no eruption? You can not put your finger on any one element of the disease and say: 'This is the special thing.' Is Dr. Foster entirely right in his theories? Is it a fact that the germs are in the system at the time, acting with gastro-intestinal irritation toward a beneficial development of the tract? We have cases of walking typhoid, who do not go to bed; have we a one condition which can be said to be typhoid, and another, exactly like it, which is not typhoid, whether it shows an eruption, or not, or whether it runs fourteen or twenty-one days?"

Dr.—— Parsons:—"I am glad to note that one man has had the courage to step out of the beaten track. I am so tired of bug-chasing, up hill and down, that I enjoyed Dr. Foster's paper very much. Dr. Hood has arrived at the conclusion that he does not know as much about typhoid fever as he thought he did; if we all arrived at the same conclusion it would be the better for us. Who knows that a bacillus is the cause of typhoid? No one here knows it. We are puffed up in our own pride and find that the thing which we thought we knew is the thing which we do not know. The nervous and psychical conditions we do not understand and we may see the day when we will admit that Dr. Foster is not far from wrong. I had a case the other day which might have been typhoid as well as any other case, yet it showed no abdominal symptoms. Typhoid is one of the most non-typical diseases we have and I am glad to hear some new ideas advanced, so we may get out of the woods."

Dr. J. E. Gilman:—"A more intimate knowledge of the disease would show that its bacillus is not a bug; it belongs to the vegetable, not the animal kingdom."

Dr. R. N. Foster:—"Speaking of bugs reminds me of the story of the Irishman who went to the meat market, taking with him his dog. Seeing some queer things in a basket he asked what they were. 'Lobsters,' was the reply. 'Well, phwat's them quare things on them?' 'Why, that is what he catches hold with; put the dog's tail in there and see what they'll do.' This was done, with the anticipated result, and the dog hastily left for home, taking the adherent lobster with him. 'Call off your dog,' cried the now disgusted marketman. 'Oh, get out; call off your bug,' replied Pat. I wish the microbe gentlemen would call off their bug.

"I have a friend who owns a horse, which, he claims, will carry him all day long and half the night and never get tired; but there is so little difference between his going and standing still that it is not to be wondered at. There is so little difference between knowing and not knowing about typhoid that there is no use in getting mad about it.

"Two of the gentlemen have claimed that I mixed up pathology and physiology in my paper; it was the other way. They claim that dentition is a physiological process and that I had confounded it with a pathological process. I say that dentition, as it is now performed in a majority of cases, is both physiological and pathological. A strictly physiological dentition, if the first, will give no pain; if you have much inflammation, however, that dentition is pathological. In case of the destruction of the first set and coming of the second set of teeth it is pathological, for, were it physiological, the first set should have been absorbed entirely, which is never done. There is first a weakness, then a decay, which is pathological; then inflammation of the gums, which is pathological; then suppuration, which is pathological, so that dentition is both physiological and pathological.

"If typhoid properly terminates in renewed health, in the renewed health, strength and well-being of the patient, you must explain why it is so, and you can not explain that great and fundamental fact of typhoid on any bug theory; you must explain it upon some rational basis."

Dr. J. E. Gilman:—"I always like to hear Dr. Foster speak; he always says what he has to say in the most pleasant and scholarly manner. I can recollect that for the last twenty or twenty-five years he has come forward and said something in the same genial way. I can not agree with him. however, in some of his theories. I have always believed that typhoid is a curse, not a blessing; here and there some go through it and gradually regain their strength, but it is the building up of an individual from his own debris. I have never deemed it a benefit, and while some may enjoy better health after it, there are a great many who suffer from its evil effects for many years, or even for their life time, and many persons who have enjoyed its beneficial rejuvenation are very happy—above.

"Objections have been made to the application of cold to the abdomen; 'the proof of the pudding is in the eating.' When the temperature reaches 102½ I order these cold applications; if the patient is very restless and the cold applications soothe and quiet him, I continue them; and if there is no hemorrhage, and the diarrhea is controlled, the patient goes on to a steady and happy recovery. I should like to have elaborated more fully on certain points, but have not, for lack of time, and I feel that my paper has been a failure for lack of elaboration."

TWELVE REMEDIES IN TYPHOID FEVER, WITH COMPARISONS.

By W. A. DEWEY, M. D., New York.

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I. BAPTISIA.

Perhaps no remedy presents a clearer picture of a typical case of typhoid fever than *Baptisia*, yet it is far from being indicated in every case. Its indications are pretty clearly marked, but it often needs a careful distinguishing from other remedies; thus, it has a drowsy, stupid state like *Arnica*, and it has a black or brownish coated tongue, which is also found under *Rhus tox.* Like *Arnica*, too, the patient falls asleep while answering questions, and the bed feels too hard. It has to be especially distinguished from these two remedies. It suits poisoned blood conditions and is applicable to any stage of the disease, and the typical symptoms are these: *A dull, dark besotted countenance, as if intoxicated*; this is very characteristic. The patient feels tired and bruised all over; again like *Arnica*, he is restless and tosses about the bed to find a soft spot. The eyes are heavy and stupid. Delirium is often present and here we find a peculiar and very characteristic symptom, which is that the patient thinks he is scattered about and this makes him toss about the bed to collect the pieces; there is apt to be, also, profound prostration; the tongue may have a brown streak down the center, the teeth are covered with sordes and the breath is fetid and all exhalations and discharges from the patient are exceedingly offensive. The stools are yellowish dark, and extremely offensive. The temperature is high, and so is the pulse, and there is tenderness in the ilio-cæcal region. If the characteristic expression of countenance, the characteristic mental condition and the characteristic offensiveness of all discharges are taken into consideration no mistake can be made in the indications for *Baptisia.*

II. RHUS TOX.

Rhus is another remedy thoroughly suitable for the typhoid state. It has restlessness, brown tongue and muscular soreness, all of which are found under *Baptisia*, but the restlessness of *Rhus* is to relieve the muscular soreness. The characteristic triangular red tip to the tongue found under this remedy is not found under *Baptisia*, and if there be a degree to the offensiveness of the discharges it is less under *Rhus* than under *Baptisia.*

The mental symptoms of *Rhus* in this disease are a muttering delirium, and, perhaps, refusal to take the medicine for fear of being poisoned. There is often headache and nose bleed, which relieves the headache. There is diarrhea of yellowish-brown stools of offensive odor, and, like *Hyoscyamus*, may be involuntary. There are pains in the back and limbs. The abdomen is tympanitic and sensitive over the ilio-cæcal region. The spleen is also sensitive. There is apt to be, when *Rhus* is indicated, some pulmonary congestion. The characteristics are the restlessness, the red-tipped tongue and the offensive discharges.

III. BRYONIA.

This is one of the great typhoid-fever remedies and is, sooner or later, indicated in a majority of cases of the disease

The characteristic symptoms are these: Great soreness over the body. Tired feeling. Every exertion fatigues. He has a dread of all motion. A splitting, agonizing frontal headache, worse from motion. The face gets red toward evening. There is a fullness of the head in the morning, which is followed by nose bleed. The sleep is troubled and the patient dreams of business. There may also be a delirium in which the patient imagines he is away from home, and consequently wants to go home. The thirst of *Bryonia*, when present, is characteristic. The patient drinks large quantities at long intervals. The bowels are generally constipated; indeed, some writers claim that *Bryonia* ceases to be of value when diarrhea sets in; but soft, mushy stools may be present and yet not contra-indicate the remedy. *Bryonia* may be confounded in the early stages of the disease with *Belladonna*, but the evidences of cerebral erethism are much more violent under *Belladonna.* *Rhus tox* and *Bryonia* are so different that no comparison can be made. One point, however, should be remembered, *Rhus* has usually diarrhea and *Bryonia* usually constipation.

IV. ARNICA.

Arnica ofttimes fits in in this disease most beautifully. As above stated it has many symptoms common to *Baptisia* and *Rhus tox*, yet its individual symptoms are marked. There is a stupor, an indifference to everything; they do not know that they are sick, and care less; they go to sleep while answering questions; the head is hot, the body cool, and all over there is a bruised feeling; the patient tosses about the bed to find a soft spot; the stools and urine are involuntary; there are ecchymoses and bed sores, petechiae appear all over the body; finally a condition of stupor arrives, characterized by dropping of the lower jaw. The three-legged stool of *Arnica* in this disease is (1) the bruised, sore feeling all over the body, (2) the ecchymoses, and (3) the involuntary stools and urine. No other drug has this trio of characteristics.

V. ARSENICUM.

This is one of the remedies for Typhoid Fever when the case begins to look "bad," but it is hardly ever indicated at the beginning of the disease. The terrible prostration so characteristic of the drug is accompanied by an irritability and anxiety. The patient is faint and weak, exhausted, perhaps, with cold sweat and delirium, the mouth and teeth are covered with sordes, the mouth is sore, there is diarrhea of dark, offensive stools, intense fever and the characteristic *Arsenicum* thirst. Like *Rhus* there is restlessness, but it is rather a "prostrated restlessness" than a "rheumatic restlessness." All the symptoms of *Arsenicum* are worse after midnight. An extremely red tongue has always been a guiding and characteristic symptom of this remedy. When the thirst, the prostration, the red tongue, the picture of complete exhaustion, the diarrhea and the prostrated restlessness are present in any given case *Arsenicum* is the only remedy to be thought of. *Cinchona* has some similarity with *Arsenicum* in its debility, and it has also a tympanitic condition of the abdomen; and *Colchicum* should not be overlooked, as it sometimes stands midway between *Arsenicum* and *Cinchona*, having the great debility and restlessness of the former and the tympany of the latter. Preponderance of abdominal symptoms should suggest *Cinchona.*

VI. CARBO VEGETABILIS.

This is another *low-down* remedy; suitable when there is a giving out of vital forces and the patient seems on the brink of dissolution and lies pulseless and cold; feet and legs, especially below the knees, are cold. The discharges are horribly offensive and colliquative. The characteristics are the great prostration and the desire for air—patient wants to be fanned all the time—and the cold extremities, which are ofttimes covered with cold perspiration.

VII. LACHESIS.

This is a remedy also indicated in the latter stages of typhoid where the patient is in a stuporous condition; lower jaw dropped, perhaps a low muttering or loquacious delirium; all showing a tendency to cerebral paralysis; diarrhea is present, and, like the preceding remedy, is offensive. The tongue is dry and catches on the teeth when it protrudes, and it trembles, here being similar to *Apis;* and in the dropping of the lower jaw and symptoms of paralysis of brain it should be distinguished from *Opium*, which has in addition a dark-red face and stertorous breathing; and from *Hyoscyamus*, which is especially characterized by muscular twitchings. Another indication for *Lachesis* is hemorrhages; the blood from the bowels is dark; indeed, hemorrhages may occur from any orifice of the body. The general hypersensitiveness of the drugs, if present, renders the choice certain.

VIII. MURIATIC ACID.

Great weakness characterizes this remedy. Expressed as being so weak that he slips down to the foot of the bed. The tongue is so dry that it rattles in the mouth. The diarrhea is watery and often escapes while urinating; the heart is feeble, irregular and intermits every third beat. Bed sores are prone to form. *Muriatic acid* has many symptoms similar to *Rhus tox*, but decomposition is much more evident than under *Rhus*, and the *Acid* rather follows than precedes *Rhus.*

IX. KALI PHOS.

Clinically, at least, this remedy deserves a place among the great typhoid-fever remedies. Provings of this drug thus far have been, to say the least, uncertain; having been made mostly with fluxion potencies of uncertain strength. A vast array of cases cured by this remedy, aside from the Schüsslerian idea, would indicate the following as being good *Kali phos* symptoms: A dry, brown tongue, foul and putrid diarrhea, great debility, low pulse, offensive breath, sordes on teeth, with great mental depression; deliriums. The blood seems extremely vitiated and full of typhoid poison. All discharges are extremely offensive.

X. GELSEMIUM.

This is a remedy most often indicated in the first stage. The patient feels sore and bruised all over, as if pounded, there being also a dread of motion, headache, drowsiness, red face. Patient is characteristically dull and apathetic and looks and feels as if he were going to have a fit of sickness, but he does not care much. There is chilliness, full and flowing pulse, not resisting as in *Aconite. Gelsemium* usually precedes *Baptisia*, its symptoms being similar but milder.

XI. PHOSPHORIC ACID.

Under this remedy we have, characteristically sensorial depression, indifference and perfect apathy, but out of this condition he is easily aroused and is perfectly rational. There is apt to be nose bleed, and abdominal symptoms are plentiful. The abdomen is distended and bloated, there is much rumbling and gurgling and painless diarrhea, stools often containing undigested matter. Like *Arsenic*, *Baptisia* and *Colchicum*, the tongue is dry and teeth covered with sordes. With this remedy there is a characteristic aversion to conversation and patient is apt to lie with a stupid, fixed, glassy stare. *Stramonium* has the opposite of this—desire to talk and wild look.

XII. HYOSCYAMUS.

This remedy is quite likely to be required sooner or later in typhoid fever, for some symptoms at least; that is, there are times when it will accord with the totality. In the early stage of the disease the delirium and in the latter part the symptoms of cerebral paralysis may call for *Hyoscyamus.* If the delirium is furious or low and muttering, with picking at the bed-clothes, and especially if *subsultus tendinum* be present, then *Hyoscyamus* is the remedy. Later there may be dropping of the lower jaw, the patient being exceedingly weak and tremulous, with muscular twitchings as a prominent symptom. With *Hyoscyamus*, too, we have involuntary stools. In the delirium there is much similarity between *Belladonna* and *Hyoscyamus*, but the latter drug has more evidences of blood poisoning than *Belladonna.* This fact should be borne in mind in the treatment of typhoid fever, and drugs selected by the totality of the symptoms; but the pathological condition should be taken into consideration in making up that totality.

CAN TYPHOID FEVER BE ABORTED.

By A. P. HANCHETT, M. D., Council Bluffs, Iowa.
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Instead of entering into a discussion of the question as to whether true typhoid fever can or cannot be cut short in its course by any treatment I prefer to report a few cases from practice giving as faithful a record as is possible, where brevity must be considered, and let results speak for themselves. The cases reported have not been selected ones and different in the general average of results from all that I have seen since in practice, but being all from one family during a short period and doubtless due to the same cause, yet requiring different remedies, seem to me to illustrate the necessity for individualizing our cases rather than depending upon routine treatment.

Case I.—Nov. 1, '93, I was called in the evening to see Minnie B——, aged 20, dark hair and eyes, swarthy complexion, greatly emaciated, mildly delirious, lips and tongue dry and cracked, teeth covered with sordes. She had been sick about three weeks, bowels had been very loose for some time, moving involuntarily, nearly every hour, for the past two days, with some hemorrhage and now for twenty-four hours there had been several copious and exhausting hemorrhages, dark and offensive. Constant trembling and jerking of the muscles. There were also dull, besotted expressions, complete indifference, temperature 104 degrees, pulse 120. The history was that of typical typhoid, and it had been so pronounced by several physicians who had preceded me in attendance.

I gave directions first that a cot bed be placed in the room, made up clean and comfortable, that she be given a hot sponge bath and moved to this bed

and that while her temperature remained high the sponging be repeated several times daily, as often as seemed desirable, being governed by its effect upon our patient. I instructed that she be given all the cold water she would take, and that for nourishment she be given milk, one-third glass every four hours.

I gave *Nitric acid* 3x gtts. x in one-third glass water, spoonful to be taken every two hours.

Nov. 2d, 9 A. M. Bowels moved once involuntarily in the night, but without hemorrhage. Temperature 103 degrees, pulse 110, rested rather more than previous night, thirst for cold water marked.

I continued the milk, cold water freely, and sponge baths, and gave *Nitric acid* 200x in water, dose every four hours.

Nov. 3, 9 A. M. No movement from bowels, thirst gone, temperature 101 degrees, pulse 100, mind clear, took more milk, slept much more. I ordered one-half glass of milk every four hours, sponge bath at bedtime and gave placebo.

Nov. 4, 9 A. M. Temperature 99 degrees, pulse 90, slept well, waking occasionally. Patient took all the milk offered, tongue clear, no movement from bowels. I gave one powder of *Nitric acid* 200x and placebo every two hours. Uninterrupted improvement followed, the bowels moving naturally in every respect on the eighth day of my visits, when I dismissed her well, though weak.

Case II.—December 1st, just a month later, was called again to the same house, this time to see Blanche B——, age ten years, a younger sister of the former patient. The chief complaint of this child was that she suffered so with her head. For more than a week this pain had continued day and night, so severe that she screamed with the pain for hours at a time.

I found her with a temperature of 103½ degrees, pulse 125, tongue dry and brown, teeth covered with sordes, bowels moving several times daily; stool light ochre color; great thirst for large quantities of water, wakeful. I pronounced this a case of typhoid fever, gave instructions for about the same hygienic and dietetic treatment and prescribed *Bryonia* 200x, a powder, in twelve spoonfuls water, dose to be given every two hours.

December 2d. No improvement in any respect. Mental symptoms of cross, ill nature, not pleased with anything, rather more complaining in the morning, together with a tendency to chilliness upon moving in bed or uncovering, led me to select *Nux vomica* 3x, which was given in water, a dose every two hours, for two days, with a like unsatisfactory result. Then for two weeks I felt about trying a number of remedies, doubtfully, and uselessly also, for not one did more than to temporarily relieve. The child was very difficult to elicit symptoms from and I felt I was failing utterly and that my patient was fast slipping away from me. She was reduced to a skeleton, bowels moving many times daily, temperature every evening 103 degrees to 104 degrees, pulse 130 and weak, tongue dry and cracked, pains in the joints, changing about from place to place. For some time she had been coughing more and more, and now it had become harsh and rough, with evident pain and soreness, worse in right side, which lung I found considerably dull upon percussion, and respiration therein considerably obstructed. For some days also she had shown no intelligence, asked for nothing, answered no questions, did not seem to recognize anyone. She still had paroxysms of crying but we could not learn where her suffering was greatest. *Ferrum phos.* 6x was now given in water, a dose every two hours, with a decided amelioration the first day. Occasional powders were given for four days, when the temperature was normal, and in one week from first dose of *Ferrum phosphoricum* and three weeks from first visit she was dismissed, well. Mental condition normal, bowels normal, appetite good, free from all pain, and begging to be dressed and out of bed.

Case III.—While visiting this last patient three other children in this afflicted family developed decided typhoid symptoms. John, aged 17, large and sturdy for his years, very dark complexion. Complained chiefly of severe headache. Felt as though his head would burst if he stooped. Pain always worse from any exercise. Tongue slightly coated whitish; very bad, bitter taste in the mouth. Great thirst for large quantities of water. He was so tired he could hardly stir. Slept poorly at night. Desire to remain very still because moving hurt his head so. Bowels constipated. Face swollen, besotted expression. Dullness, could not hear well. Temperature, 104°; pulse, 110.

The same general directions were given as above, and *Bryonia* 200x in water, a spoonful every two hours. Following day complained less of pain in head. Temperature, 103°; pulse, 105; otherwise about the same. I gave one powder of *Bryonia* 200x at bedtime, and placebo every two hours. One week from first dose of medicine, with one powder *Bryonia* 200x at bedtime daily after the first day completed the cure and found our patient discharging his customary duties about the barn.

Case IV.—Willie, aged 4 years, who had been as active as children of his years generally are, complained of being tired two or three days when I was asked to see him. He then did not care to play; slept much and ate nothing. Bowels did not move for two days, tongue slightly coated; no thirst, only complaint was that he was tired. *Gelsemium* 3x in water, a dose every two hours, cured completely in two days.

Case V.—Kittie, also dark, aged 15. Mature and large for her years. Said she had been about sick for two weeks but would not complain while so many were sick until compelled to by utter inability to keep about longer. She now had a temperature of 104 degrees and a pulse of 115. Great thirst, tongue furred, bowels constipated. Sleepless for several nights. Pain paroxysmal in bowels. Several remedies were given without results for five days when the following record was made: Temperature 104½ degrees, pulse 120; pains in bowels paroxysmal. Cramping pains in bowels. Pains ameliorated by heat. Bowels feel as though they would be moved but the effort is ineffctual. Mother had given her several enemas during the night because of this urging, with temporary relief. I now noticed how ugly she had been from the first. Nothing pleased her. She had wanted to be covered closely even with the highest temperature. She would scream and scold when the pain came on, and was so very uncivil to me that I could hardly get an answer to my questions. *Nux vomica* 3x, in water was now given, a dose every two hours.

The following day the most remarkable change had come over our impatient patient. She was as pleasant as June. Pains gone, irritablity gone, temperature 102 degrees, pulse 100, bowels had not moved, nor had there been the desire.

Nux vomica 200x, a powder at bedtime and placebo every two hours for four days completed the cure, and my patient was dismissed on the ninth day from the first prescription.

Five patients in one house during a period of fifty days! I consider them all typhoid in character. All doubtless due to the use of impure water which was discontinued as soon as the last patients were taken sick, but it will be noted the last four were all taken at very nearly the same time. Some may question my diagnosis, but I assure such they would not had they seen cases Nos. 1 and 2. No record can be full enough to give the full picture of such cases as seen at the bedside. The others were seen in an earlier stage of the disease, and in my judgment were cut short by the use of the true similimum, and these were clearly influenced promptly by the remedies, *Nitric acid* and *Ferrum phosphoricum*, and shortened in their course, the lives possibly being saved by them.

Can typhoid fever be aborted?

CARE AND TREATMENT OF TYPHOID FEVER.

By. M. R. BARKER, M. D., Chicago.

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As there have been some complimentary statements made recently concerning the work of the Homeopathic department in Cook County Hospital of Chicago, and as those statements were based upon comparative figures showing the per cent of death of patients treated by the different schools of medicine represented there, and as it happened to be my good fortune to be on the house staff there when the work was done from which these comparative figures were made (though made after I left), and as Chicago suffered from one of the most severe and long continued epidemics of typhoid fever it has ever had during this time, in consequence of which the medical wards of the hospital were filled to overflowing with typhoid fever patients for a long period of time, and as several hundred typhoid fever patients came under my personal observation and care during my hospital work, and having managed the disease in all of its forms and with all of its complications, I may be pardoned if I assume to say a few words concerning the care and treatment of these patients.

Leaving out the etiology, etc., etc., I hasten to my subject. What I shall say in this paper will apply in a great majority of cases. Of course there are exceptions to every rule, but in this paper I will not speak of the exceptions. The care and treatment throughout will be that which experience has taught to be the best in a large per cent of cases.

After a diagnosis of typhoid has been made, I universally leave the following orders with the nurse, or the one who is to take charge of the patient:

Diet.—The patient is to have nothing but milk from the beginning to the end; first, last and all the time. Milk, fresh milk, hot or cold, as the patient prefers, though never allowing the milk to boil. He is to have all of this he wants, and if he becomes indifferent at any time regarding the diet and does not call for it order it given two or three ounces every two hours regularly and then I know he is being nourished. If the patient calls for milk in the night he can have it even though he has taken a goodly quantity during the day; but under these circumstances I would not give it to him in the night unless he calls for it. Here the physician must stand firmly. He will be importuned by the patient and by his friends also, many times, to vary the diet. A little cracker, a morsel of bread, only just a little bite, will be the pleadings of your patient. But your answer must be "no," gently but firmly given Many typhoid patients have gone to their long home because the physican has yielded or because other food has been smuggled to them. The milk diet should be continued for six days after the temperature becomes normal. Then the white of an egg, rarely cooked, in boiling water may be given on the morning of the seventh day. A little gruel may be given at noon. On the eighth day the patient may have a soft egg in the morning, the rest of the day gruel; on the ninth the patient may have a little soft toast with his soft egg in the morning and at noon, and so increasing until he eats what he desires. Great care is necessary in feeding for a few days after the fever leaves or a relapse will occur.

Baths.—The patient is to have an alcohol bath every morning. This consists of alcohol one part, water three parts, and applied with a cloth or sponge, as hot as the hand can comfortably be borne in it. It may be repeated in the evening if the patient desires it. If the temperature of the patient rises at any time above 103 degrees sponge for temperature; that is, sponge the patient with warm water until the temperature come down to 101 degrees or thereabouts. If there are serious pulmonary complications this sponging for temperature should be omitted. The mouth should be thoroughly cleansed at least once a day, washing away all the filth that gathers on the tongue and inside of the lips and cheeks with a saturated solution of *Boric acid*. These are all imperative and must be persisted in during the disease. I might add here that the bed linen should be changed every other day anyway and oftener if soiled by the excrement of patient. If soiled by excrement of patient change at once.

Medication.—In an ordinary uncomplicated case of typhoid, remember now I am speaking of the greater number of cases and not the exceptional ones, the first prescription would be *Baptisia tinctora* m. ij every two hours. If the temperature is up to 103 degrees the remedy should be continued night and day until it comes down to and is running along at from 99 degrees to 102 degrees, when it should be discontinued at night, allowing the patient to sleep undisturbed, which he will usually do when the temperature is not above this point. This remedy in such a case should not be changed or alternated with any other remedy. In such a case let it run throughout the disease as above indicated. If this treatment is followed many cases of typhoid may be aborted, in my judgment. To substantiate this assertion I have the histories of three cases before me. They are almost alike, and I will give but one of them. I quote the history as it was taken from the patient when he was admitted to the hospital.

Mr. C., aged 28 years, taken ill two weeks ago, complained of pain in the head, back and limbs, general malaise, loss of appetite, tired all the time, could not work though was anxious to do so. This conditon continued for about ten days, when he had a chill, followed by continued fever. Physical examination after reaching hospital: Temperature 103°, pulse 114, respirations 24, face flushed, sordes on teeth, lips dry, tongue coated whitish brown in center with red ridges. Breath offensive, chest normal, except heart's action a little rapid. Abdomen tender over right iliac region on pressure, gurgling and tympanitis present. Diagnosis, typhoid fever. Patient placed upon the above care and treatment. Third day after temperature 101 degrees, pulse 99 degrees, respirations 23. Sixth day after, temperature 99

degrees, pulse and respirations normal. Temperature normal on seventh day. This continued for two days. It was then thought a mistake had been made in diagnosis and gastro-enteric catarrh substituted for typhoid fever. The milk diet was disregarded and the patient given a little solid food. In a few hours the temperature rose to 100 degrees and gradually increased until the third day when it was 103 degrees. In short the patient went through with a well marked case of typhoid fever.

As I have stated, three cases of this kind came under my care. Question: Were they aborted cases of typhoid with relapse from over-eating, or did the typhoid commence at this second rise of temperature? Many cases with well marked symptoms of typhoid came under our care who were placed upon the above treatment and in from seven to ten days the temperature, pulse and respiration had become normal. The milk diet however was continued for six days after the temperature became normal and there was no rise of it in their cases. They were diagnosed gastro enteric catarrh. Was it this, or was it aborted typhoid? I do not know, but I believe many of them were aborted typhoids.

Nervous forms of typhoid.—Under this head I am speaking of typhoid in which we have a marked disturbance of the nervous system. We often have, under this form, wild delirium or low muttering delirium, or the patient may not be delirious at all but restless, tossing about, unable to keep still, these conditions prevailing throughout the disease some times to a greater or less extent. If the delirium is wild *Belladonna* 2x dilution, in alternation with *Baptisia* every hour is the best remedy in most cases. If low and muttering delirium prevail *Hyoscyamus* 2x dilution, in alternation with the *Baptisia* every hour is the best remedy. If the patient is of the restless kind *Passiflora* Tr. m xxx, in alternation with the *Baptisia* every hour will not disappoint you. These intercurrent remedies to be discontinued as quickly as the delirium or restlessness cease, continuing the *Baptisia* however.

The most common complication of typhoid is bronchitis. When symptoms of this trouble begin to manifest themselves I should prescribe as follows at once: *Bryonia* 1x m. v., in alternation with *Baptisia*, every hour. If taken in time this will put an end to this complication in short order in most cases.

Diarrhea.—Perhaps it is a deviation from established ideas to place diarrhea as a complication of typhoid. Yet in my experience it is properly a complication. Not more than one-fourth if so large a proportion of cases having it at all. The far greater majority will be constipated throughout the disease. But if diarrhea complicates the case, we have two sovereign remedies that will not often disappoint you. *Podophyllum* 2x m. v., in alternation every hour with the *Baptisia* I would say is best in most cases. But if defecation and micturition are involuntary *Croton tig.* 2x m. v., in alternation every hour with the *Baptisia* will be the best remedy. These intercurrent remedies to be discontinued when diarrhea ceases. In case of consitipation an enema of warm water with a little *Glycerine* in it to be administered every other morning is the best treatment. You will never need anything else for this trouble.

Excessive tympanitis.—Some times tympanitis is a very annoying complication, the abdomen being distended until it is as tight as a drum. The rectal tube may be used here but often fails. The best treatment for this trouble is the following: *Turpentine*, crude, ʒ ʒ, *Glycerine* ij ʒ. The whites of two eggs beaten to a froth. Water qs. to make iv ʒ, mix, use as an enema. This may be repeated every four hours if necessary. This will seldom disappoint.

Hemorrhage.—While this is a dangerous complication for the reason that perforation is liable to occur, it is not usually dangerous so far as the loss of blood is concerned. We had many cases of typhoid hemorrhage, some so severe and long continued that the patient could not speak above a whisper, or even lift a finger, yet I have never lost a case from this complication. The fact of a hemorrhage shows that the coats of the intestines are ulcerated deeply, else we would not have profuse hemorrhage, as this hemorrhage must come from some branches of the mesenteric artery. When we have had reason to suspect that we may have a hemorrhage in any case I always instruct the nurse to immediately send for me; should hemorrhage occur meantime give the patient one grain and a half of powdered *Opium*. Raise the foot of the bed at least eighteen inches from the floor, and apply the ice coil to the abdomen. These things are all to be done immediately. This coil consists of rubber tubing the size of a lead pencil made into a coil, the coil when finished being about a foot in diameter, with both ends of the tube extending four or five feet from the coil. Upon a stand on one side of the bed place a large dish-pan full of ice water. Into this place one end of the rubber tube, while the other end of the tube extends to a vessel on the opposite side of the bed on the floor. Start the water to flowing through this coil by inserting a syringe in the end of the tube, and drawing the water through. After starting it in this way it will flow constantly. All this should be done in a few moments by the nurse, before the physician has time to get to the patient, unless he is very close by. For the first time I would now discontinue the *Baptisia* and prescribe the following: *Nitric acid*, 2x. every half hour, together with powdered *Opium*, one grain, every two hours until the patient is absolutely quiet, unless we are sure the peristaltic action of the intestines has entirely stopped, and continue the *Opium* sufficiently often to hold the patient in this condition for several days after all signs of hemorrhage has passed. The *Nitric acid* should be continued every half hour; also the ice coil and the elevated bed for several days after the hemorrhage has stopped.

Heart.—In long and severe cases of typhoid we are liable to have a gradual failing of the heart towards the end of the disease owing to the degeneration the heart undergoes in this disease. Because of this degeneration it is not well to administer heart stimulants until it is absolutely necessary, but when the pulse becomes weak, rapid and dicrotic it is time to interfere. Here we have three remedies that are of great value. The first of these is whisky, and should be administered as follows: Whisky, one ounce, hot milk, two ounces, mix, and give every two hours until there is a marked improvement of pulse, then continue for a few days but at longer intervals. *Strychnine*, one-sixtieth of a grain, every two hours will often be of great value. *Digitalis* is also good if the others fail, which they will seldom do.

Bed sores.—These may be a very annoying complication in some cases. If the patient complains of soreness near or on the permentory of the sacrum, or any other joint upon which the body has been resting, and the physician finds local tenderness and inflammation, the joint must be relieved of the pressure of the body at once. For this purpose the rubber ring

is the best; this will usually arrest the trouble, but if an ulcer should form keep it clean with *Peroxide of Hydrogen* and dress dry with some stimlating dressing. *Iodoform* dusted on is one of the best, but *Borated Calendula* may be used.

I have not spoken in this paper of pneumonia being a complication of typhoid, it being already too long, and that complication would require a whole paper of itself to do it justice; hence I omit it, and at some future time I may write an article upon the treatment and care of pneumonia in typhoid.

TYPHOID FEVER.

By J. K. EBERLE, Pana, Ill.

Its etiology is not yet definitely settled. Some contend it is produced by a specific poison in connection with decomposition, organic matter, in most cases human excrement. Later scientists, such as Prof. Klebs, of Prague, think they have found its specific poison in a rod-shaped bacterium. Be that as it may of one thing we are certain—it is a specific poison. I have observed that it follows a dry, warm summer; at such times the streams and ponds dry up and the earth is covered with a peculiar white, green, yellowish, or brick-dust powder. Examining this under the microscope, we find it is caused by a growth of the lowest order of vegetation—of palmell plants—which develop rapidly and as rapidly dry up and set their spores floating in the air, where we may inhale them, or, as they float about, they may settle in the water, and through it be carried into the system.

I observed in the early days of the settlements of the north parts of this State (Illinois), when there was much wild prairie land broken up and the hot sun would dry up the fresh ground we would find this same palmell plant covering the ground and typhoid fever prevailing. It has been demonstrated that intermittent and remittent fevers prevail under such conditions, when they are indigenous to the soil; why not typhoid when it is indigenous to the soil?

It is infectious and contagious. This is the case among persons who are at the age in which typhoid fever oftenest occurs—between ten and thirty years—and especially if they are nurses, or about the sick room. I could cite many instances where young people who have gone a distance of miles to wait on a sick friend after returning home have taken the fever, and some have died, making in this way new centers for the spread of this disease.

Again, I have observed where fresh earth has been hauled to fill up the yard around the house that whole families have been taken down with this fever. Also that some of the persons that were exposed to the disease would suffer with nervous debility from the poison. It is more apt to affect those who have broken their nervous system by mental or physical labor.

Symptoms.—Typhoid fever is one of the most insidious diseases; it may take a dangerous turn between morning and evening very unexpectedly. As a general thing its onset is uniformly slow. The patient is listless, moping about, without energy to get up when seated; face becomes pale, and the expression of the countenance alters; dull and heavy; absent-mindedness, puzzled; slight headache, and throbbing of the temples; dizziness, nose-bleed, sometimes fainting; staggering as they walk, with loss of appetite; tongue becomes white, and trembles as it is protruded, and, as the case advances, becomes red at tip and edges, with a dry, brown stripe in the center.

Perhaps drowsiness in the day time, while at night sleep is unrefreshing. Wandering pains through the body, and in some cases slight tenderness over the liver, stomach, and spleen, especially if in a malarious climate; slight chills or cold feeling every day. This runs along for eight or ten days, when the patient is suddenly taken down with a chill, hot fever, high pulse, 96 to 120, and temperature runs up to 100 or 104. Great thirst, which may only last a few days. At this stage we may find the abdomen, as we make pressure on it, unnaturally hard, and slightly tympanitic, and if we make pressure over the ilio-cæcal region we will find it more or less tender; and, if diarrhea has set in, there will be a gurgling sound, or we can start it by rubbing the bowels. When the fever sets in the skin will be hot, and if the hand is placed on the bare body, under cover, a disagreeable sensation of heat will be felt of a burning nature. This and scarletina are the only fevers having this symptom; other fevers will accumulate moisture under the hand.

The diarrhea may be copious at first, of a dark and fetid or yellow ochre color, or like pea soup. The fever has a peculiar smell, resembling the scent of a mouse's nest, once smelled never to be forgotten.

The symptoms here noted may vary in degree in different patients, and as the disease advances. In the nervous temperament pain is more acute, and the pulse may run up to 120, while in the lymphatic it may not go above 90 to 96. I have had cases where it would, for three weeks, keep at 96. A person broken down by overwork in mind or body will have the symptoms much more aggravated.

Characteristic eruption appears from seven to fourteen days. Bowels are apt to be tympanitic, more or less, throughout the disease, but is generally in proportion to the gravity of the case. Hemorrhage of the bowels is a common symptom in this fever; especially is it apt to occur when drastic purgatives are given; but I hope no Homeopath is guilty of this treatment; leave it for the "regulars."

Prognosis.—At the best is very uncertain. If the disease sets in at first clear of complications, and we find none concentrating in any of the organs, we can presume it will run a favorable course. If skillful care and nursing are added to favorable hygienic surroundings, we can say it will run its course favorably; but with complications such as abundant and persistent diarrhea and involuntary discharges, it is more dangerous. Intestinal hemorrhages are peculiarly dangerous; also, if the delirium sets in early, and there is extreme prostration, and symptoms of erysipelas, or eschars on the skin, make your prognosis very reserved.

Treatment.—The careful, well-posted physician when called to a case in the premonitory stage of this disease, or in the early stage of the fever, will soon discern from the symptoms that he has a case of that grave disease, Typhoid Fever, with the lesion in Peyer's gland, and that the blood is full of the poison and fast making inroads upon the brain and nervous system. The first thing to consider is, he has a patient in a desperate condition. His case has to be met, and he has his Materia Medica with which to meet it. What are the characteristic

symptoms to be met at the start? We will find their counterpart in *Bryonia*, *Baptisia*. *Muriatic Acid*, *Hyoscyamus* or *Gelsemium*. Such symptoms as chilly feelings running up and down the back; mind seeming weak and confused, vertigo, tenderness in the right iliac region, diarrhea, delirium, stupor, falls asleep while being talked to, white tongue, are present. The medicines named may successfully aid us to restore our patient to health. I have found in hot fever, with full, hard, frequent pulse, good results from *Veratrum viride* in one or two drops doses of the tincture (Norwoods) or first dilution. It will lower the pulse and temperature, bringing on perspiration. For the diarrhea and hemorrhage of the bowels I have found good effect from *Muriatic Acid*, two drops of the first dilution every hour or two. I was present where an old-school doctor injected fifteen gr. of *Tannic Acid* and checked a case of hemorrhage where the patient at three stools passed three pints. In this condition we have indicated *Arsenicum*, *Secale cornutum* and *Ipecac*. For cerebral symptoms *Belladonna*, *Stramonium*, *Hyoscyamus* and *Capsicum* have done me the most good. For adynamic conditions we have *Cinchona*, *Arsenicum*, *Mercurius solubilis* and their congeners. Toward the last stage, as the fever is leaving, we may have a weak, unsteady pulse. To meet this condition I have used *Quinine*, 1x trituration, every two hours, and by the time the second dose was to be given the pulse was steady, much to my delight, and the patient convalesced nicely.

In the third stage we may have to add to the above list of remedies the following: *Phosphoric acid*, *Opium*, *Calcarea carb*, *Nux Vomica* *Veratrum album*, *Nitric acid*.

Complications—Epistaxis (nose bleed), is sometimes very stubborn and is very common in Typhoid Fever. We will find *Aconite* useful in the first stage. *Ledum pal.* is a capital remedy. *Mercurius sol.*, when it occurs at night, also *Phosphorus* may be indicated. In hemorrhage from the bowels *Phosphoric acid* an *Nitric acid* are indicated. I have found *Trillum* good in internal hemorrhage also *Ipecac*. Keep a watch on a weak, flabby condition of the heart, which will need *Digitalis* and that class of remedies. I often find the liver congested and hard; *Podophyllum* for the liver and *Lapis albus*. 3x trit., and *Carduus* for the spleen. Use baths or packs, especially if delirium with a hot skin, quick pulse and high temperature are present. They aid very much to ameliorate the above-named symptoms. If this can not be done have them sponged off with warm or cold salt water, whichever is agreeable to the patient; it opens the pores and rests the nerves and feels so grateful.

Diet.—Every one has his routine of diet, but one suggestion I wish to lay stress on, is this; let the diet be nourishing and in smallest quantity, for the system is not in a good condition to digest or assimilate food. Alcohol I have long ago given up as a remedy. Its effect is to absorb the water from the nerves, contract the red blood globules and hinder repair.

By way of a parting remark, husband the strength of the patient from the onset to the end. Keep his mind quiet, have a good, pleasant nurse and good hygienic surroundings and watch the case closely and success will be greater than anticipated. Diarrhea is an escape valve in Typhoid fever.

A FEW NOTES ON TYPHOID FEVER.

By A. L. MONROE, M. D., Louisville, Ky.
DEAN SOUTHWESTERN HOMEOPATHIC MEDICAL COLLEGE.

It is very rare for us of the South to have a typical form of typhoid fever to treat, all cases being more or less complicated by malarial symptoms; and while the looseness of the bowels, tympanitis, ileo-cecal tenderness, prostration, delirium, eruption, and sometimes intestinal hemorrhage, are often present, the temperature curves are rarely those characterizing typhoid. Many cases of remittent malarial fever are treated throughout as typhoid, as it is often impossible to draw the dividing line.

My experience has been an unusual one, as I treated one hundred and twenty cases in less than two years in Birmingham, Alabama, and during the remainder of my professional life have had my share. I do not place as much reliance upon nutrition as some physicians as I believe very little food is digested during the fever. The high temperature destroys the integrity of the gastric juices and dries them up, and solid food in all suspicious cases should be interdicted from the start.

I believe that water should be given in abundance, and, to give the patient the benefit of the doubt as to the value of nutrients, I allow the following articles of diet, given in the order of their preference. First, fresh buttermilk, which I consider the food *par excellence* in typhoid, as it supplies the watery elements to the blood and lubricates the dry membranes of the intestines.

Next in importance is sweet milk. The objection to sweet milk is that, in many cases, if given throughout the attack it will produce a form of impaction which may cause perforation or great pain in emptying the bowels during convalescence, and perhaps relapse. To obviate this difficulty I recommend the use of *Vichy* from a syphon injected into the glass, half-and-half. This seems to prevent acidity and to cut up the caseine. A most acceptable food is mutton broth, as the suet is soothing to the mucous membranes:—this more as an intercurrent as the patient soon tires of it. Where the bowels are loose, one of my favorite preparations is a sort of mush made of rice flour and the juice of blackberries. Lemonade and orangeade are useful in preventing scorbutic symptoms. I never use stimulants except in very extreme cases.

I depend entirely for internal treatment upon the usual Homeopathic remedies, the indications for which are or should be familiar with us all. It is occasionally of advantage where there is hemorrhage occurring from the intestines to use your remedies hypodermically. I think I saved at least one life by the use of *Hamamelis* in the tincture hypodermically over the ileo-cecal region.

Where the temperature runs over 103 or 103½ I recommend a frequent sponging with warm water and lemon juice, which reduces the temperature by evaporation. Occasionally it is an advantage where the temperature suddenly runs to a point dangerous to life to give a dose of *Phenacatine*, which will produce perspiration and lower the temperature in half an hour. Perhaps this can be as well done by a wet pack, but with more shock to the patient.

I am very partial to the tissue remedies in the treatment of typhoid, especially *Kali phosphoricum* where there are many nervous, hysterical symptoms, and *Kali phosphoricum* and *Ferrum phosphoricum* have often seen my cases through their whole attack and acted as a tonic during convalescence.

TREATMENT OF ENTERIC FEVER.

By F. C. TITZELL, M. D., Lake City, Minnesota.

This subject naturally divides itself into four heads—viz: Preventative, hygienic, dietetic and medicinal treatment. Under these divisions I will outline my treatment as briefly as possible.

Preventative.—In cities the prevalence of this disease is directly proportional to the inefficiency of the drainage and the impurity of the water supply. There is no truer indication of the unsanitary condition of a city than the number of cases of this character reported. The most important matter, then, in the way of prophylaxis, is good drainage. The one thing in this connection is the removal of the dejections from patients and depositing them where they will not contaminate water used for drinking purposes. I have the nurse pour *Carbolic acid,* one part to thirty of water, on the stool and have it buried in a trench a good distance from any well or stream and not emptied into the sewer, which in many cases empties into the same stream from whence the water supply is taken. A new trench is dug every day and the old one filled.

Soiled clothing and bedding are soaked in *Carbolic acid,* one part to forty of water, and then washed and boiled thoroughly. Feeding utensils are cleansed by boiling in water. Isolation of the patient is insisted upon.

Hygienic.—Good drinking water is a *sine qua non* in enteric fever. I have all water boiled and filtered and the patient is given plenty of it in small quantities and urged to take it. The patient is put in a large, well ventilated upper room, if possible, and the ventilation kept perfect. *Enteric patients do not take cold.* The temperature is kept at from 60 degrees to 75 degrees Fahr., according to the susceptibility of the patient. Rest, both of body and mind, is strictly enjoined from the outset, and the patient is not allowed to be annoyed by visitors, neither is he to worry over business affairs. His position in bed is frequently changed to prevent bed sores and at each visit I ascertain whether or not the patient has passed urine. If not, retention is promptly dealt with. The entire body is sponged with tepid water four or five times a day, depending somewhat upon the temperature range.

Dietetics.—The matter of feeding the patient is of as much importance as the medicinal treatment. The food is, and must be, bland and fluid and given at regular intervals of three hours during the day. In ordinary cases I do not arouse the patient to give food at night. If there is stupor he is aroused the same as during the day. Milk is the most suitable food, and is boiled and strained and given while tepid. If milk alone is used, three pints, at least, are given in the twenty-four hours, to an adult.

The stools are examined daily, and if there is any evidence that the milk is not thoroughly digested mutton broth or beef juice are substituted for part of the milk. Whey, buttermilk, and well-strained barley gruel are excellent when milk does not agree well. Iced tea, barley water and lemonade are given as changes, and are found very acceptable and refreshing to the patient. Coffee is given in small quantities. Fruits are not allowed, but the juice of oranges or lemons is given.

Strong beef tea, chicken broth, and all starchy foods, are prohibited, because they have proved too irritating to the bowels. Solid food is not allowed until the temperature has been normal for at least a week, and is then given very cautiously. Alcohol is not used except when the heart is feeble and the first sound is obscure and there is muttering delirium, subsultus tendinum and a dry tongue, then brandy or whisky is given freely. From eight to twelve ounces are given during the twenty-four hours.

During convalescence a good port wine is prescribed, a large tablespoonful before meals, to stimulate digestion.

Medicinal.—The medicinal treatment of course is symptomatic entirely, and as no two cases are exactly alike one would have to write a book to cover all the remedies used in this fever. *Baptisia* and *Bryonia* are oftener indicated during the first week than any other remedies. *Mercurius, Rhus tox.* and *Arsenicum album* will come in during the intestinal stage for the diarrhea; *Muriatic acid, Opium, Hyoscyamus* and *Arnica* for the extreme prostration that we get along in the third week; *Terebinthina, Belladonna, Ipecac* or *Hamamelis* for hemorrhage of the bowels; *Antimonium tartaricum, Phosphorus* or *Hepar sulphur* for the pneumo-typhus, with bronchitis.

These in a general way are the remedies most used but must be selected and differentiated according to the law of similars. Each case is "a law unto itself" and must be treated as such if success is to be ours.

TYPHOID FEVER.

By C. M. BOGER, M. D., Parkersburg, W. Va.

From an experience in ninety successive cases during six years of general practice I beg leave to offer suggestions which, to many, may seem trite, but are nevertheless the essentials of success, adding thereto a few points not generally accepted as orthodox, but which have stood me in good stead.

The first thing to do in taking up a case is to throw aside all preconceived ideas of routine, and with a calm judgment treat each case from its own point of view; of necessity correcting all obvious sanitary infractions, and adopting a reasonable hygienic regime, with plenty of pure fresh air and cool drinking water; enforcing the strictest cleanliness and the most absolute quietude, especially excluding all unnecessary persons from the room. These are immense factors in the case.

Bathing, for cleanliness, is always in place for reducing high temperatures which resist the remedy, it may be, but seldom is needed; if so, a general sponging with water as hot as can be borne, and only repeated as needed will be found more grateful and effectual than cold in any form; the distressing headaches of the earlier stages are ameliorated by cold wet compresses. Sores may easily be removed by a wash of glycerine and water, or any non-medicated cleansing fluid. The nutritative status of the patient should always be maintained and held above the danger line by proper alimentation; if ill nourished and much exhausted it will be necessary to stimulate by forced feeding from start to finish, never giving what is not assimilated; if well-nourished and the muscular tone does not flag too much, as shown by examination of the heart, a restricted diet materially helps to shorten the attack; the feeding should be carefully individualized; the majority will do well on diluted fresh or skimmed milk, or, if need be, it can be predigested or liquid. Beef peptonoids may be added; albumen lemonade is a splendid nutrient and cooling drink, as is wine whey, although each additional year's experience finds me using less and less alcohol; clam bouillon and oyster broth are good stimulants.

It should be kept in mind that this is a self-limited disease which, once fully established, will run a fairly constant course, and remembered that our mission is largely that of a good pilot, whose business it is to know and avoid the danger points by the skillful use of all the means at our command, one of the greatest of which is the remedy, and that its incautious repetition is the most disastrous of errors, only matched by one other, the frequent change of remedies; uncertainty as to choice is not compensated for by frequent repetition, change, or alternation, but order is restored out of seeming chaos and time is gained by waiting, carefully weighing, and when the picture flashes before your eye, giving one dose and watching its effect. Many cases will need no more than from one to three doses for the entire sickness; the necessity for a repetition of a dose every few hours seldom arises.

Statistics giving many cases with extremely low death rates are to be looked upon with suspicion by the general practitioner, for the reason that any large number of consecutive cases necessarily includes a certain percentage having some chronic disease, thus rendering recovery more than problematical; then, again, accidents due to ignorance, negligence, or other causes on the part of the attendants, are always liable to and do happen under the eye of the severest discipline. Two deaths in my practice were due directly to faulty attention, and two others to the complications of chronic disease.

Of many cases, Prof. Mitchell says: "Lysis has steadily proceeded after the first few days of the disease to a favorable termination by the end of two weeks or the middle of the third." This is very true of Homeopathic treatment, and speaks much for our remedies.

At the risk of repeating what is already well known I will give the indications for remedies as they have occurred in my practice. *Baptisia: general aching;* a clean, dry or red stripe down the center of the tongue (*Arnica, Veratrum*), with or without fetor of the dark stools (*Arnica*), fetid breath, rapid or fulminating cases, with quick septic invasion and a dusky countenance. This remedy has given me many brilliant results.

Bryonia suits dark-skinned, irascible patients, who are averse to motion, have faintness on rising and constipation, picturing the pace of the fourteen to twenty-one days' case. *Rhus tox*, general muscular soreness (*Arnica*), but restless; tongue red and dry, especially at tip. *Diarrhea*, protracted cases. These three remedies will often abort typhoid fever in its early stages, when indicated, if the dose be appropriate and not too often repeated.

Ferrum phos: patient has no complaints, but the pulse and temperature refuse to fall, although never very high.

Mercurius: flabby indented tongue, removes many of the sequelae (*Sulphur*).

Phosphoric acid: moist, pasty tongue, prostration.

Hyoscyamus: delirium with wide-open eyes, mania, erotomania.

Arnica: profuse epistaxis, hemorrhagic tendency.

Lachesis: tremor, subsultus marked; trembling tongue, evidences of deep ulceration, climacteric (*Lycopodium*), after abuse of alcohol.

Stramonium: dyspnea, half-reclining posture, anxiety, mouth full of vesicles which burn and are sore.

Colocynth: pinching abdominal pains, which sometimes precede hemorrhage, or accompany peritonitis.

Whenever you encounter a falling temperature with a rising pulse look out for breakers.

In ninety cases treated as outlined above there were eight deaths, two of them being due to extraneous causes. One patient was five months pregnant, recovered, and carried the child to full term. Deaths by hemorrhage, three; by heart failure, two; by perforation, two; by epistaxis, one.

TYPHOID FEVER.

By J. D. GEORGE, M. D., Indianapolis, Ind.

In speaking of this disease, which is commonly called typhoid fever, enteric fever, or mesenteric fever, I shall confine myself mainly to my individual experience.

It is usually an endemic disease, due to some decomposing organic matter.

In certain localities it becomes almost or quite epidemic, due, no doubt, to impure water, defective sewerage, cess-pools, etc. I do not believe it to be contagious, as we use the term.

It may be communicated through the diarrheaic stool, contaminated linen, milk or drinking water, by contact, not as scarlet fever or smallpox and other eruptive diseases are transmitted, but through the ingestion of the baccillus. Then again, different persons may be subject to the same influences and some escape while others will be attacked.

It seems there must be a condition favorable for the introduction. A suitable soil for the sprouting, so to speak.

Overwork, loss of sleep, mental depression, in short, anything which lowers the vitality or lessens the resisting powers, may invite the disease.

I believe many people, especially those living in the country, neglect to bathe whole body as frequently as it should be done, and thus by proper action of the skin an unhealthy condition is fostered. Especiully the head and feet are often neglected.

I believe many fatal cases are due to "pills" which are kept on hand and taken regularly by many people, who imagine by doing so they are kept in a healthy condition.

These cathartic doses act as irritating and congesting medicines. The glands of the bowels are inflamed and ulcerate easily. These glands being the seat of the disease, are made ready to receive the baccillus. At least the disease is rendered more malignant. A case that would be a mild one may thus become a serious one.

The ages from twelve to thirty-five seem more liable to the disease, although we find children of tender years with cases of apparent typhoid fever.

The disease is said to avoid those disposed to some chronic ailment, also the pregnant woman.

While the glands of the bowels seem to be the seat of the disease, I have no doubt that the lesion here manifested is only one of the elements or only a local manifestation of the constitutional morbid condition, the operation and cause of which is only known by its effects.

We have many anatomical changes, some of which are catarrh of chest, enlargement of spleen, ulceration of small intestines.

We have in the glands of the bowels the congestive stage, stage of infiltration, stage of softening, followed by stage of ulceration.

These various stages are manifest by certain symptoms which give us in some measure the key to treatment.

The object of this paper is not so much to deal with symptoms and history of the disease, but to mention what may be avoidable causes and care of the patients incident to the fever, though I may mention some points in diagnosis.

There seems to be a diversity of opinion as to cases of fever. Some physicans claim that almost every case of fever of a continued character is typhoid of greater or less intensity.

I believe unless we have the chills and fever and well-marked cases of bilious fever of short duration that almost every case is of typhoid nature and the glands of the bowels are more or less affected, and a mild case may become a severe one by injudicious medicine or diet.

The plan of giving a "thorough cleaning out," as is done by both laymen and some physicians, often proves disastrous. It has been my lot to see many such cases.

Within the past year I have been called to a case of typhoid fever which apparently begun as la grippe, at least was so reported by the physician who preceded me in the case. He informed me that he had been endeavoring to thoroughly clean the patient out and had succeeded after various doses of cathartics in getting a thorough evacuation of the bowels. Indeed, he had done so, and on examination I found the bowels greatly distended and rumbling, and a hemorrhage sudden and copious, ended the life which might have been saved if the irritation had been avoided.

My plan when called to a case of typhoid fever is to caution the patient to remain in bed and the nurse to see that he does so, resort to frequent bathing, and the higher the temperature the oftener the bathing. I prefer hot water.

I find also the plan suggested by Dr. Pratt, of a large flaxseed poultice, made to surround the patient, will cause free action of kidneys and bring about perspiration early in the disease, and I believe often makes a mild, short case of what might be a tedious one. Plenty of *pure* water to drink and a liquid diet and milk seems preferable to almost anything else. In some cases Malted Milk will be taken more readily than cow's milk. Beef tea and broths I prefer late in the disease. I do not believe in feeding so often as some advocate. Four hours is often enough, as the stomach and bowels need rest, as well in disease as in health, and over-feeding will act as an irritant. I believe the plan of feeding every two hours in this disease to be erroneous and dangerous. Solid food should be avoided always. Stimulants should be rarely resorted to, if at all, and my experience leads me to avoid in almost every case the use of stimulants of alcoholic form. In convalescence, egg-nog, with little "nog."

Baptisia early in the disease, *Arsenicum* early and late, as indicated; *Gelsemium*, a leading remedy, as well as *Byronia, Rhus tox.*, when indicated, a well-marked remedy.

Phosphoric Acid, *Muriatic Acid*, usually in the late stages. Hemorrhage of the bowels is not usually a fatal indication, as is supposed, but requires special treatment and *quiet*.

Terebinthina, China and *Hamamelis* come in here.

I have found *Cina* often indicated in children, and its action well marked. *Veratrum viride* will lower the temperature in drop doses, not long continued.

I like to get early moisture of the skin, and I can usually do so by the flax poultice, wet sheet or blanket, if used repeatedly.

Cerebral typhoid will require a different line of remedies. *Belladonna, Stramonium, Hyoscyamus.* There are complications which will require special treatment, such as chest symptoms, abscess, etc.

Typhoid fever, if not treated too much, will not often prove fatal.

TYPHOID FEVER.—PYROGENIUM.

By J. A. WHITMAN, M. D., Beaufort, S. C.
Member Southern Homeopathic Medical Association.

In the October 1st issue of the Medical Century, in all of the articles on Typhoid Fever, I see no mention made of *Pyrogenium* I got the indications of it from the *Recorder* and I would not be without it for fevers of a high degree and a poisoned condition of the system. Two or three doses will bring down the fever every time, if of that nature. I gave a few doses to one of my friends, "a regular," and he said it worked to a charm and wanted to know what it was and where he could get it.

Another remedy I seldom see mentioned is *Ceanothus Am.*, for Splenic troubles. Here in the South it is, I might say, a specific for a pain in the left side under the short ribs. Try it.

At the annual session of the British Homeopathic Society held in June Dr. Byres Moir was elected president and Drs. Goldborough and Neatby vice-presidents. In order to increase the usefulness of the society and interest in it, it was decided to arrange its work in three sections hereafter, viz.: Materia Medica and Therapeutics, General Medicine and Pathology, and Surgery, with its allied branches, and Gynecology. Dr. Dudgeon is chairman of the section of Materia Medica, Dr. Blackley chairman of that of General Medicine, and Dr. Burford chairman of that of Surgery. The meetings of the society are held quarterly, the last meeting occurring on the 4th of last month.

From Drs. Custis and Macdonald, members of the faculty of the Baltimore College, it is learned that many of the rumors which have been given publicity in a Baltimore paper and from there copied in some of the journals, the Medical Century among the number, relating to the troubles which have arisen in the college, are not as true as their newspaper publicity would make them seem, and that the college and hospital is doing good work for Homeopathy and is not in financial or other trouble. This journal was led to believe, by newspaper accounts sent it from Baltimore, that there has been much quarrelling, much bad managment, and not a spirit of brotherly love and good fellowship prevailing in Baltimore. It is genuinely glad to know that this is in good part a mistake and that no really serious deflection has occurred. And of course what Drs. Custis and Macdonald have to say on the subject goes for one hundred cents on the dollar with the Century, every time. The correction is gladly made and we join with the friends of Baltimore College and Hospital in rejoicing over the manifest prosperity of these institutions.

Medical Century

An International Journal of Homeopathic Medicine and Surgery.

C. E. FISHER, M. D., - Editor,

ASSOCIATE EDITOR:

W. A. DEWEY, M. D., New York.

Chicago, November 1, 1894.

DR. JABEZ P. DAKE.

The recording angel has opened a new page in his great Book of Life and has written thereon the name of our beloved colleague, friend, brother, father, Jabez P. Dake, of Nashville. This will be sad, sad news to his professional brethren the world over, all of whom recognized in him the very embodiment of goodness of heart, purity of character and nobility of purpose, and in him, also, unusual attainment as a man and a physician. Truly may it be said of our departed colleague that "None knew him but to love him." His death occurred from paralysis induced by cerebral hemorrhage on the morning of October 28th, his final illness dating but a day or two in advance. He died quietly, peacefully, surrounded by his family at his home in Nashville, at the age of sixty-seven years, full of honor and beloved of all men. The sad news of his death has come to us too late for extended notice in the present issue of the Medical Century, but in an early number we shall try to give the profession an obituary at the hands of one of his nearest and dearest friends, Dr. F. H. Orme, worthy of the memory of good Dr. Dake, and his work for and in our profession, so very dear to his heart till almost the latest moment of his useful and honorable life. Meanwhile we can only join our tears with those of the bereaved family and the profession of which he was so prominent a member and with them all mourn his departure from us. In his death Homeopathy sustains a truly irreparable loss and every member of its profession who knew Dr. Dake personally sustains an individual loss that to every one is an individual loss indeed. A glorious sun has set.

WEDDED TO THEIR IDOL.

At the regular meeting of the board of regents of the University of Michigan held on October 25th a communication from the American Institute of Homeopathy which was received by the board last June and which called for the resignation or removal of Dr. H. L. Obetz, Dean of the Homeopathic Department, was answered by the board as follows:

"Dr. Pemberton Dudley, General Secretary American Institute of Homeopathy, Philadelphia:

"Dear Sir—The board of regents of the University of Michigan begs leave to acknowledge receipt (under cover of your letter to President Angell dated June 25) of copy of resolutions adopted by the American Institute of Homeopathy at its recent meeting held at Denver.

"The resolutions proceed upon the theory that the dean of the Homeopathic school of medicine has, by suggesting the consolidation of the two schools of medicine in the University of Michigan, proved himself unfaithful to the cause of Homeopathy; his dismissal from the faculty is for that reason demanded, and, further, it is demanded that an investigation be had and any other member of the Homeopathic faculty entertaining the same views be also dismissed. It is not suggested that the dean or any professor has, in any way, been derelict in the discharge of their duties to the university.

"The charge against the dean of infidelity to the cause of Homeopathy is not a new one. It was formally made and heard in open board. The parties concerned had a full hearing and, after due deliberation, the board found the charges not sustained. They were accordingly dismissed. The board, after careful examination, is unable to find in your communication, and in the copy of the resolutions you have transmitted, anything that places the matter in a new light, or any new facts that justify the opening of the question at this time.

"For the information of the American Institute of Homeopathy the board desires to say that neither the dean nor any member of the board ever advocated the amalgamation of the two schools of medicine, regardless of the wishes of the respective faculties. Such a step was contemplated in the event of its concurrent acceptance by both faculties. No one, so far as the board is advised, ever proposed such amalgamation against the wishes of the faculties, although the dean of the Homeopathic faculty believed that if such amalgamation could be had, with the concurrence of both faculties, serious difficulties in the school could be obviated. It was never proposed by the dean, nor by anyone else, to abolish any of the existing chairs of Homeopathy in the university. The proposition was to establish one school of medicine in which both faculties were to be retained. Each student was to register as a student of medicine and surgery, receive instructions from both faculties, and graduate as a doctor of medicine from the University of Michigan.

"This plan, if put into operation, would have secured the attendance upon the lectures of the Homeopathic professors of the entire body of the medical students of the university. Inasmuch as

the students in the Homeopathic medical school have always formed but a small fraction of the entire medical students it has not been apparent to this board how the proposed plan could, in any way, be detrimental to the interests of Homeopathy, nor how the dean, in suggesting it as a solution of obstinate difficulties, has proved himself recreant to its principles. By nature of his office it is his duty to lay before the board of regents all matters that, in his judgment, affect the interests of the school of which he is the responsible head. If in so doing he has run counter to the opinions of others it is no reason why he should be removed from his position. The interests of the university demand that its teachers and officers have perfect freedom in the respectful communication of their views to this board upon matters committed to their charge. For these reasons the board regrets its inability to respond to the wishes of the American Institute of Homeopathy in the premises.

"The proposition, or rather the suggestion, to amalgamate the two schools of medicine, has thus far not been presented to the respective faculties by the board, and therefore has not been acted upon by these; in the present state of the question it is little likely that it will be in the future. Until it has been so presented and acted on it will not receive the attention of the board.

"It has been and will be the pleasure of this board to advance the means at its disposal for the interests of the School of Homeopathy; that it has in the past succeeded in its efforts appears by a letter from the chairman of the intercollegiate committee in which it is stated that "the graduates of the school have taken a good stand in the profession." If, notwithstanding, the American Institute of Homeopathy and other members of the Homeopathic branch of the medical profession will boycott the school, as they threaten to do, we can only regret such a step, we do not see how we can avoid it; upon those who take it the full responsibility for the action will rest.

"The administration of the university has been committed to this board by the people. It is responsible to them for the manner in which that trust is discharged.

"It must judge according to its own light after patient hearing and investigation. This matter has been so heard and investigated. A conclusion has been reached. No new matter having been adduced, the board is constrained to regard its previous action as final.

Respectfully yours,

(Signed) The Board of Regents."

From the foregoing report of the board of regents it will be seen that all efforts on the part of the Homeopathic profession in the State of Michigan and the United States to secure the removal of Dean Obetz have been unavailing. When we stop to consider the history of this matter this is not to be wondered at. It is well known in Michigan that the effort at amalgamation of the two medical schools at Ann Arbor originated with Dr. Keifer, of Detroit, chairman of the medical committee of the regents of the university. By virtue of their official relations with each other, and the fact that a warm personal friendship had sprung up between them, extending over a period of years, Drs. Keifer and Obetz considered this matter together for many months before it was finally sprung upon the Homeopathic faculty. Dr. Obetz therefore really presented Dr. Keifer's plan and not his own; and since Dr. Keifer is one of the regents and chairman of the medical committee it is somewhat unreasonable to expect that that body would inflict punishment upon Dr. Obetz for serving as their cat's paw by which to pull the Homeopathic chestnuts out of the medical fire at Ann Arbor. Hence the henceness of this final action on the part of the autocratic board which presides over the destinies of Michigan's great university.

But let us dissect their letter to Dr. Dudley just a little. The third paragraph opens with the statement, "For the information of the American Institute of Homeopathy the board desires to say that neither the dean nor any member of the board ever advocated the amalgamation of the two schools of medicine regardless of the wishes of the respective faculties." Here is an absolute mis-statement, for Dean Obetz did present his plan proposing this amalgamation to the faculty of the Homeopathic College at a meeting called in part to consider it, and, regardless of the wishes of its members, who opposed it outspokenly at that meeting, he presented it to the board at their meeting the next morning and read a typewritten argument in favor of this amalgamation; and this, too, after promising his faculty at the meeting of the evening previous that he would not persist further in the premises. Therefore the statement of the board of regents in paragraph three is in direct contravention of the truth. It is further stated in the same paragraph that "it was never proposed by the dean or any one else to abolish any of the existing chairs of Homeopathy in the university." And yet the Senate of Seniors of the American Institute of Homeopathy must recollect that upon careful and close examination of Dean Obetz by the writer of this editorial he was unable to show in his plan any suggestion of the continuation of the Homeopathic department or any reference whatever to the continued teaching of Homeopathy on the campus.

In paragraph four the regents make the remarkable statement that "by nature of his office it is his duty to lay before the board of regents all matters that in his judgment affect the interests of the school of

which he is the responsible head. If in so doing he has run counter to the opinions of others it is no reason why he should be removed from his position." Here is autocracy for you with a vengeance. The dean is really the Homeopathic faculty, it would seem. On the campus at Ann Arbor we have five full-fledged professors comprising the Homeopathic faculty, yet, if four of these five should vote against the dean in matters pertaining to the policies of the school their judgment is to count for naught, their wishes are to be set aside and the dean may do with the school's policies exactly as he may choose, and should he openly and flagrantly violate the wishes of his faculty this affords "no reason why he should be removed from his position." For the regents tell us "the interests of the university demand that its teachers and officers have perfect freedom in the respectful communication of their views to this board upon matters committed to their charge."

In paragraph five the regents tell us "the proposition, or rather the suggestion, to amalgamate the two schools of medicine has thus far not been presented to the respective faculties of the board and therefore has not been acted upon by them." This appears to us to be evasion pure and simple. For while it may be true that the board of regents has not presented this question to the respective faculties, it is beyond question true that Dean Obetz presented it to his faculty and that it received their unqualified disapproval and condemnation.

In paragraph five we are told by the regents that it has been their wish and pleasure to advance by any means at their disposal the interests of the school of Homeopathy. This statement will be taken by a large proportion of the Homeopathic profession of the United States, and especially of the State of Michigan, *cum granum salis;* for it has been openly whispered for years that the regents have done all in their power, time and again, to retard the growth of our college, and it is only by virtue of the fact that we have been able to win out before the legislature that we are allowed a school at Ann Arbor at all. This is so notoriously a matter of history that we are astonished that the august body comprising Michigan's regents should have the effrontery to make any such statement to the Homeopathic profession. What Homeopathy has had at Ann Arbor it has had in spite of the regents, and those of us who are thoroughly conversant with the history of our school in that State are not surprised at the manifest obstinacy of this board in the present situation.

Day by day they see the school going down; from a splendid class of about eighty students it has fallen to about eighteen. Men of unusual ability, men who are in active demand in other cities, and whose reputations in Homeopathy are world-wide, are compelled, because of the embarrassing situation which has been brought upon them and the school by Dean Obetz, to resign chairs, their places to be filled by others whose reputations are yet to be made. Dissatisfaction with the conduct of the college exists throughout the entire State of Michigan, and, more than that, throughout the whole United States. And yet this autocratic board dares to tell us that it has been and will be its pleasure to advance all the interests of the school of Homeopathy at Ann Arbor, snubbing the profession the while.

A little further along in their argument they suggest that "if, notwithstanding, the American Institute of Homeopathy and other members of the Homeopathic branch of the medical profession will boycott the school, as they threaten to do, we can only regret such a step; we do not see how we can avoid it." This is a slur upon an honorable body of educated and scientific men, and one that is unworthy of men occupying so responsible a position as that of members of the regency of a great university. The boycott is the weapon of the coward, and it is all but an insult for the regents to mention it in connection with the American Institute of Homeopathy and its protest. That body presented a memorial to the board of regents respectfully but firmly demanding the resignation or the removal of Dean Obetz from the Ann Arbor school because it believes that the present unfortunate state of affairs at Ann Arbor is directly due to the unwisdom of his course in going against the wishes of his faculty, the profession of Michigan and the profession of the United States in the matter under discussion. He may have been honest in this course, or he may not have been. Many members of the American Institute believe the former, and unfortunately, a large number of its members believe the latter; but in either event the unusual decline of the class in the Homeopathic school certainly fully justifies the board of regents in giving due heed to the wishes of the profession from whom its support must necessarily come. That profession is dissatisfied. It believes the school should be reorganized, and that a new man should be placed at the helm. The request is not unreasonable, the circumstances fully justify it, and nothing but a willful perverseness on the one hand, or a direct responsibility for the amalgamation idea on the other, can possibly justify the regency in continuing Dean Obetz in his present position. It seems to be a case where they claim not to love the school less but where they evidently love their dean more. With the Homeopathic profession the reverse is the case. It does not necessarily follow that his friends in the profession love Dean Obetz less, but they love the school more.

In closing their remarks the regents proclaim themselves responsible to the people of the state for the manner in which they discharge their trust.

They crack the whip at the Homeopathic profession, and throw down the gauntlet of defiance. This is to be regretted, and for the time Dean Obetz wins his case and the board of regents rule the day; but can they be so blind to the interests of the people they are elected to serve as to continue this college under its present management indefinitely in the face of the exceedingly meager support it is receiving from the profession whose school it is? We do not so believe, and shall continue to hope that they will eventually see the unwisdom of their present position and do justice to the Homeopathic profession at large, even though they may have to appear to sacrifice the personal interests of the subject who seems to have become their leader.

WASHINGTON'S AFFLICTIONS.

The Washington Homeopathic profession, than which there is none more genial and accomplished in this or any other country, is surely sorely afflicted. Last year a few nondescripts got together and decided to open a "sundown" college, titling it the National Homeopathic Medical College. None of its organizers, none of the members of its faculty, were members of the local society, none of them were known among the profession of Washington as Homeopaths, none of them were connected with the American Institute of Homeopathy; they were department clerks, only this and nothing more. Naturally, the blood of the profession at Washington boiled with rage when this movement was begun, and, like the loyal men and women they are, they fought it at every step, until, finally, they made it so odious that the National Homeopathic Medical College died a natural, easy and early death.

But now this genial profession is afflicted again, and this time with even a worse monstrosity, if this be possible, than the so-called National College of last year. A graduate of that "sundowner," for it turned out a few nondescripts like its faculty, has joined with a number of his friends and has "organized" the "Hahnemann Homeopathic University," great name that, and proposes to engage in the manufacture of doctors, dentists, scientists, veterinarians and all other kinds of professional and scientific men, its charter being of the omnibus kind and the consciences of its founders being equally elastic and galling. Naturally, again, the legitimate profession of Washington, that accomplished and genial body of men and women who entertained the American Institute of Homeopathy so royally two years ago, is up in arms against this stain on the fair name of Homeopathy and a genuine war is on. This time the character of the institution chartered is so openly in violation of all that is legitimate, decent and respectable in medicine that the local press is on the side of the Washington Homeopathic Society and it is not unlikely that the courts will be prevailed upon to enjoin the opening of the doors of the so-called university. The reporter of one of the Washington papers, Pauline Pry, sought the dean of the proposed diploma mill and by a system of sharp inquiries and cleverly put questions obtained from him, for five dollars a matriculation ticket at the proposed university and secured the promise of the aforesaid dean, one Dr. (?) Ellis, that she might crowd the courses of four years in one year, and at the end of this brief period of time become a full-fledged doctor of physic, with all the honors and emoluments thereunto pertaining. Pauline, like the good little reporter that she is, made public the whole arrangement, and the local press has come to the assistance of the local profession with the strong probability that the institution will be incontinently squelched without unnecessary delay.

But how annoying all this must be to a profession like that of Washington! And how thoughtless it must have been on the part of the American Institute of Homeopathy not to grant the request of an association like that of Washington to give greater strength and authority to the local societies of the country whereby they may be able to act and speak more as one having authority in matters of general interest to the profession at large. These Washington mushrooms have fairly snapped their fingers in the face of the local society, claiming that membership in that society is in nowise incumbent upon them before starting a Homeopathic college or "university," and have wholly ignored the wishes and views of the legitimate profession of that city. Surely there must be some means of holding up the hands of a local profession which has questions of this character to meet, and we believe more forcibly than ever that our national body has more of a mission to fulfill than to meet, discuss papers read before it, have a good time and go home, local professions, the meanwhile, being left to care for themselves. Michigan was left to take care of itself for a year or two with the result that we have eighteen students at her college this year. The profession of Washington has now had to fight down two nefarious schemes, the success of either of which would have blackened the fair name of Homeopathy generally. This is all wrong, and we certainly hope to see some plan inaugurated whereby local societies shall have the unqualified support of the national body whenever matters of this character may come up for adjustment.

All praise to the Washington profession for the manly and successful stand they have taken against these diploma mills, and all praise also to the local press for their cordial assistance and support in thus defending our fair name.

Editor's Table.

The Chicago Society will meet on the 7th.

There are said to be 221 medical journals published in the United States.

Dr. E. E. Reininger is now located at No. 353 South Oakley Avenue, Chicago.

Dr. Milton Powel has removed from 251 to 163 West Seventy-sixth Street, New York.

Chicago has twenty-two general and sixteen special hospitals, with a total assignment of 3,409 beds.

Prof. Gussenbauer, of Prague, has been elected president of the German Surgical Congress for 1895.

Dr. W. G. Willard, Chicago, has removed his residence and office to No. 544 Washington Avenue, Chicago.

Hahnemann's full name was Frederick Gottfried Samual Hahnemann. The inscription on the monument at Leipsig is simply Sam Hahnemann.

Dr. Hubert Straten, a graduate of Hering College, class of '94, who spent the summer in Europe, has located at 545 La Salle Avenue, Chicago.

A statue to Sydenham was unveiled by the Marquis of Salisbury at the recent meeting of the British Association for the Advancement of Science at Oxford.

The National Homeopathic Medical College of Chicago is said to have an enrollment of about sixty students, of whom twenty will be candidates for graduation.

Prof. James S. Barnard, recently professor of surgery in the Baltimore College has been elected professor of gynecology in place of Dr. N. W. Kneass, resigned.

Dr. N. C. Kemp, recently returned from Europe, has taken offices in the Columbus Memorial Building, Chicago. His specialty is skin, venereal and genito-urinary diseases.

Chicago Homeopathic Medical College has a total enrollment of two hundred and five students this year, of whom sixty-five will be candidates for the degree of Doctor of Medicine.

The Southern Association meeting at Chattanooga! Don't forget it. It will be a good meeting—one worth attending. All indications point to a large and sucessful session.

Dr. W. H. H. Bull has resigned his connection with the Walter Sanitarium, Walter's Park, Wernersville, Pennsylvania, and will engage in a sanitarium venture in Atlantic City, N. J., next year.

The Homeopaths of Kansas City have arranged with the management of the City Hospital to put in two hours a day twice a week in clinical work. Another good stroke for Homeopathy in Kansas City.

Dr. Kraft has it, in the *American Homeopathist*, that there is a remote possibility of the organization of still another Homeopathic college in Cleveland. But then Dr. Kraft is such a humorist—at times.

The Medical Century is now being printed and bound at the printing house of Rokker-O'Donnell Co., 194 Clinton Street, Chicago, one of the most complete printing and binding establishments in the city.

The Medical Century is most comfortably housed in its new quarters, Suite 931–935 Marshall Field Building, where it will be glad to see all of its friends and subscribers who may from time to time be able to make it a call.

Don't forget the Southern Association meeting at Chattanooga the 14th, 15th and 16th of this month. This is about as good a convention to attend as the American Institute meetings, and no one can go and not have a good time and be benefitted.

Hering Medical College boasts of a senior class of an even thirty, of whom twenty-three are men and seven women. The total enrollment for the year is about ninety, with a few more in sight, at which excellent showing Hering is very proud.

The Calcutta Homeopathic Medical School, Calcutta, India, is reported to be in a flourishing condition. Last February there were forty successful candidates at the final examinations of the college course, as against twenty-five the year previous.

The Deaconnesses Hospital, Dayton, Ohio, was dedicated with appropriate ceremonies on Sunday, October 14th. Dr. William H. Webster, son of the late and truly lamented Dr. William Webster, is Secretary of the Medical Board of the institution.

The eighth international Congress of Hygiene and Demography has recently closed a very successful session in Vienna, about three thousand members from all parts of the world being present. The discussions on diphtheria and cholera were among the most interesting of the session.

The Kansas City Homeopathic Medical College opened its seventh annual term on Tuesday evening, September 18th, with fifty-seven students enrolled. It is thought the number will be increased to from sixty to seventy. Only Ann Arbor is behind in its attendance this year. Wonder whose fault it is?

There ought to be a thousand members of the American Institute at Newport next year and there will be if we but commence now to get ready. Make up your mind months beforehand to be there and at the appointed time you will be on hand. It is easy enough to go if affairs are shaped that way in time.

A late and valuable addition to the hospital service in some of the eastern cities is the use of the pneumatic tire for hospital ambulances now being made by bicycle makers. The ambulances supplied with this kind of wheel run much more smoothly and have much less jar and jolting than those with steel tires.

Dr. F. F. Netherton, of Clinton, Mo., and Miss Laura Henson, of Eureka, Kan., were married on Thursday, October 25th, and will be "At Home" in Clinton after November 1. The congratulations and best wishes of the Medical Century and Dr. Netherton's friends in the profession are cordially extended him.

Hahnemann Medical College, Chicago, has arranged connection with the city police ambulance system of the southern district to render service in her new hospital. This should be a good arrangement for the city and for the college too. Homeopathy should look to it that she gets her share of the good things belonging to the various municipalities of this country. We are entitled to as much, in proportion to numbers, at least, as is the old-school, but we will never get it unless we ask and keep asking.

Dr. Ortel, connected with the Hygienic Institution at Hamburg, one of the best-known medical scientists of the Old Continent, died from Asiatic cholera, contracted while making investigations of infected water from the Vistula. Another instance of the sacrifice of a great and useful life to the study of his profession.

The present faculty of Hahnemann Medical College, Chicago, has been humorously likened unto "Uncle Anson and His Colts." But as those colts come along they are making a strong faculty, and the day has gone by to assume that juniority implies lack of ability and experience. "Uncle Reuben and His Colts" make a lively team in college work.

Boericke & Tafel announce satisfactory progress in the work of issuing "Hahnemann's Chronic Diseases." Dr. Dudley is serving as general editor of the book, which means that the editing will be unusually well done. No Homeopathic library is complete without all of Hahnemann's works, and his "Chronic Diseases" undoubtedly stands next to "Organon."

The *Medical Current* has a city office immediately across the hall from the CENTURY's new home, and thus the offices of both journals can easily be visited at one time. While not agreed in all their policies the CENTURY and the *Current* are on reasonably good terms and hope to enjoy the nearness of their association; at least the CENTURY part of the combination does.

The medical members of the French Parliament, of whom there are about forty, have decided on forming an extra parliamentary body which shall occupy itself with the examination of the numerous inquiries concerning the medical profession, the organization of charitable institutions and the general health of the public as brought before parliament for consideration from time to time.

Dr. Wm. R. King, Washington, the only king living in this country, in Washington or anywhere else, has been elected professor of opthalmology in the Baltimore College. A good selection that. Dr. C. L. Rumsey will divide the chair of opthalmology and otology with Dr. King, who, however, is big enough to fill them both and a few more chairs besides. For he is a "King" sure enough.

Dr. Mary Florence Taft, recently professor of medical diseases of women, Hering Medical College, Chicago, has been prompted by family reasons to resign her chair, very much to the regret of the faculty of Hering, and return to her former home, Boston. While in Chicago Dr. Taft made a great many friends among the profession, and with them the MEDICAL CENTURY deeply regrets her removal from our city.

Dr. S. C. Delap, senior editor of the Kansas City *Medical Arena*, has been appointed oculist to the Kansas Institute for the Blind. Dr. Schuyler C. Elliott, also of Kansas City, Kansas, has been appointed physician to the same institution. And thus Homeopathy has under her care and medical control another state asylum. Take courage all along the line. Justice will be meted out to us if we but persevere in claiming our rights.

It is said that the Prussian government spends over $50,000 a year, exclusive of the salaries paid to the professors, in support of the laboratories connected with the medical department of the University of Berlin. Small wonder is it that so much of valuable research is conducted in the medical schools of that city. The same liberal policy on the part of our government would do very much to advance the standing of the American medical profession.

Acccording to the last report of the registration in the various departments of the University of Michigan at Ann Arbor it is learned that there are in the literary department 1,416 students; in the department of law, 566; in that of old-school medicine, 341; in dentistry, 174; in pharmacy, 71, and in the Homeopathic department the very insignificant number of 18, as against 83 two years ago, before Dean Obetz sprung the amalgamation idea upon the school.

The Cleveland Medical College opened its annual course last month with an enrollment of 120 students, the largest number at the beginning of the college year in the history of the school. The officers of the college say they expect to enroll from thirty to fifty more before the term closes. The college clinic for the year treated 185 cases of eye and ear disease, 385 cases of diseases of women, 152 on nose and throat trouble, 185 of skin diseases, 118 cases of obstetrics and made 3,212 visits to out patients through its staff.

The Exeter Homeopathic Dispensary has been doing such good and satisfactory work for the poor and sick of its part of England that the municipality has recently doubled the amount of support given it through the Saturday Hospital Fund. Homeopathy seems to be more alive in England today than at any previous time in its history. While a little more conservative, perhaps, than the profession in this country yet our colleagues of the mighty little isle are not asleep, and good reports come from nearly every part of the kingdom.

At the October meeting of the British Homeopathic Medical Society held at the College of Organists, Hart street, Bloomsbury, London, an excellent meeting was had. Dr. Hayward, of Birkenhead, presented a paper on "How to Learn Drug Pathogenesy," and Dr. Ord, of Bournemouth, followed with a paper on "A Comparison of the Drug Symptoms of the Eye and the Ear; Their Analogies and Practical Importance." Tea was spread at 7 o'clock and a social and professional evening of much interest was spent by the members of this very active and commendable association.

An important meeting of the Hahnemann Monument Committee was held in New York last month. It is expected work on the monument will be commenced shortly. When begun it should not be allowed to drag, as is too often the case with monuments. If we inject a little snap and life into our methods the monument is assured. The profession will never allow the memory of Hahnemann to be so disgraced by indifference and insincerity on its part if rightly approached. The monument must be built and it is perfectly safe to say it will be built. But let it be built without unnecessary delay.

There was shown recently at the Coaching Exhibition of England, held at the Royal Aquarium, a new carriage for medical men, it consisting of the regulation foundation of wheels, under-carriage, driving seat, etc., and various movable bodies, enabling the owner to keep an open and various closed vehicles in one. The change is easily made from

brougham to victoria or vice versa, and can be made in the coach house. The carriage in either form can not be distinguished from the private brougham or victoria. This is a stroke of economy in the right direction and one that will be very much appreciated by economical doctors.

The next meeting of the Homeopathic Medical Society of Chicago will be held in Parlor 44, Grand Pacific Hotel, on the evening of November 7th, at 8 o'clock. The subject for discussion will be "Obstetrics," and papers will be given by Drs. Sheldon Leavitt and A. E. Thome. At the meeting of October 3d there were nearly two hundred physicians present, and the papers read and the discussions thereon were exceedingly interesting, as will be noted by referring to them in this number of the Medical Century. This Society is getting to be a power for good in Homeopathic circles in Chicago, and no practitioner in the city or immediate vicinity can well afford to remain outside its circle.

An anti-opiate society has been organized in New York City for the purpose of using such means as may be considered best to prevent the unnatural uses and abuses of opium and its preparations, cocaine, chloral, etc. It is said there are in the United States about one and one-half millions of men and women who habitually use opium in some of its forms. It is claimed that in Chicago nearly twenty-five thousand persons are addicted to the habit, in St. Louis about twenty thousand and in New York City over fifty thousand. This is one instance when Chicago is willing to doff her cap to New York, which city exceeds us, as will have been noted, by about two to one in the matter of Opium fiends.

From the *Chicago Medical Recorder* it is learned that an offensive and defensive alliance is to be entered into by Rush Medical College, the College of Physicians and Surgeons and the Northwestern University Medical School whereby there shall be between these medical schools uniformity in regard to entrance regulations and also in regard to the methods of recording conditions of admission of each member of the class. It is also stated that a similar agreement is in a fair way to be consummated between the Homeopathic medical colleges of this city. While this is the first we have heard of this we feel sure such an arrangement would be a good one and would do much towards stopping the proselyting of students by the different medical colleges. A student rejected of one institution is very apt to find lodgment in the class of another, more to the detriment, as a rule, of the institution receiving him than the one rejecting him.

The exercises of laying the corner stone for the new hospital connected with the New York Homeopathic Medical College were held on October 2d with a large and enthusiastic attendance of the profession and its friends. Addresses were made by Dr. T. F. Allen, for a great many years dean of the college, Dr. William Tod Helmuth, its present dean, and others. The stone was formally laid by Hon. Rufus B. Corning, president of the Board of Trustees. When the new hospital is completed, the New York Homeopathic Medical College will be one of the best equipped of all our medical colleges. It already has the Flower Surgical Hospital, the munificent gift of the retiring Governor of New York, a perfect ambulance system connected with the police and other city departments, and now in prospect a splendid hospital for general work and clinics. Our colleagues in New York are tendered our most hearty congratulations upon their splendid prosperity.

Dr. Henry W. Chandlee, Baltimore, Dean of the Southern Homeopathic College, that city, has been elected professor of obstetrics in the college of which he is dean. A really good selection. The Baltimore college may have been undergoing purification by fire, but there have been changes enough within the last few months to justify the Century in saying to the *Southern Journal* that it need not get so mad about it if this journal does make mention of the fact, as suggested in the Baltimore daily press, that there have been resignations and withdrawals from the faculty of the Baltimore school. It is the business of this department of the Medical Century to give the news as it comes to us, and when local papers are sent to this office containing accounts of these things it is captious to criticise, directly or indirectly, the reproduction of these items in the journals. Again, we say, and we mean it, too, we rejoice that Baltimore College appears to be prospering and that no serious harm attends the withdrawals from its corps of which mention had been made from time to time.

The Fergus Falls Hospital for the Insane, Minnesota's State Asylum under Homeopathic care has just finished its eighth year, and is out with a good report of work done. Two years ago there were 245 patients in the hospital; there have been 526 cases admitted since and 219 have been discharged. Of this number 117 have recovered, 25 have improved, 19 have not improved, and 57 have died. Of the 771 patients under treatment 243 were acute cases and 527 were chronic cases, mostly transfers from other hospitals. Of the acute cases 107 have already been discharged and 106 are still in the hospital, with prospects of good results in a large number of them. The present capacity of the hospital is 550; the largest number in it any one day was 538. A new wing is under construction, which, when completed, will give room for 175 more patients. In every sense of the word the Fergus Falls asylum is meeting with the expectations of the State and the profession whose hospital it is, and Homeopathy is justly proud of the fact that this magnificent charity has been entrusted to her care. Other States may well follow the example of Minnesota, New York, California, Massachusetts and Michigan and give to Homeopathy a fair share of their eleemosynary institutions. In commendable rivalry between the schools the State and its patients are sure to be beneficiaries.

The twelfth annual announcement of the Hahnemann Hospital College of San Francisco has been received and compares very favorably indeed with the best announcements of the colleges in the East. The next term of this college will open on the 28th of January next, and continue till the 29th of August, this being the last summer term of the San Francisco college, it being the intention of its management to begin late next fall with a winter course instead. The college is splendidly manned by a good faculty, working harmoniously and practically, and its strength and power for usefulness is becoming greater with each succeeding term.